

This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

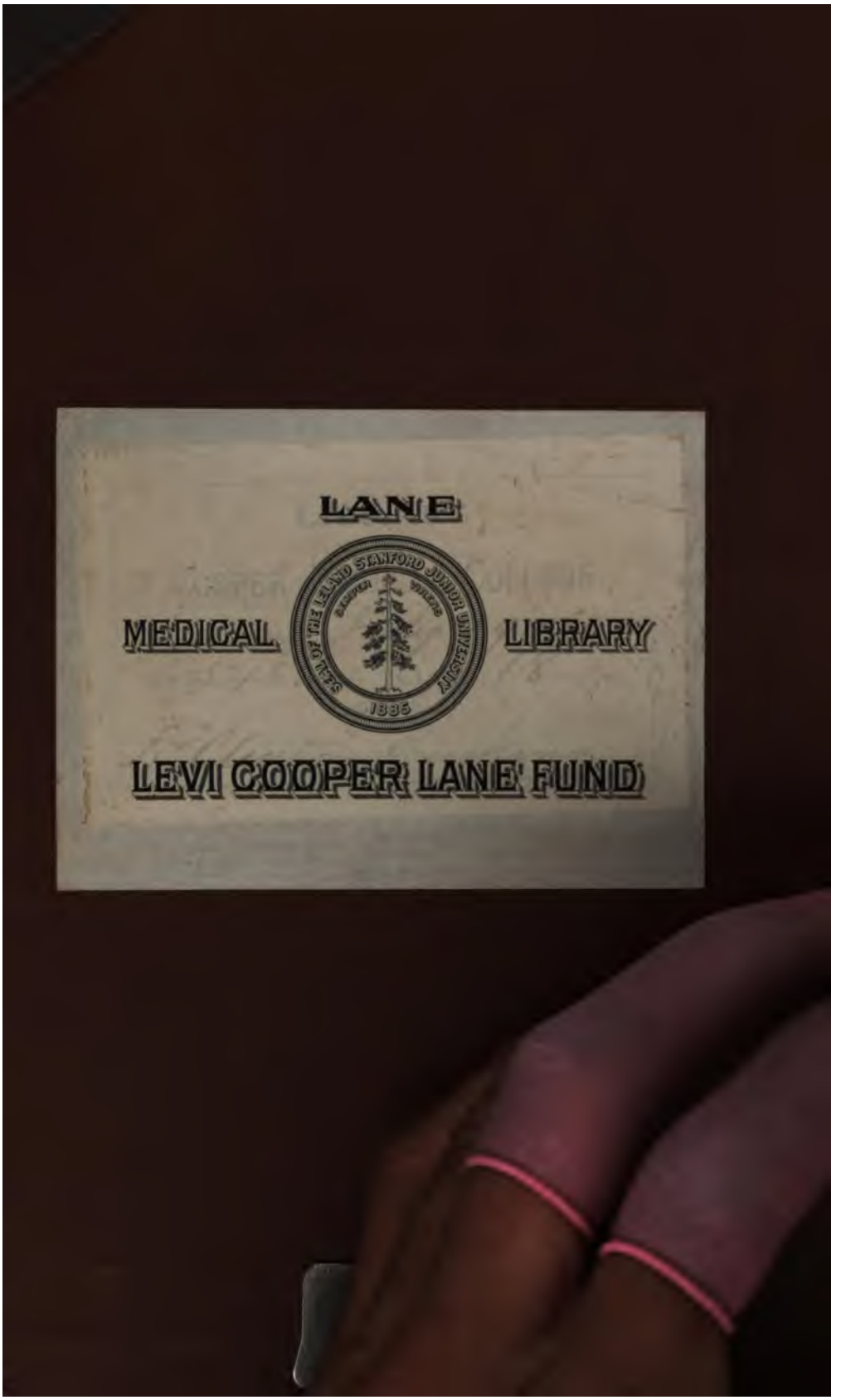
+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

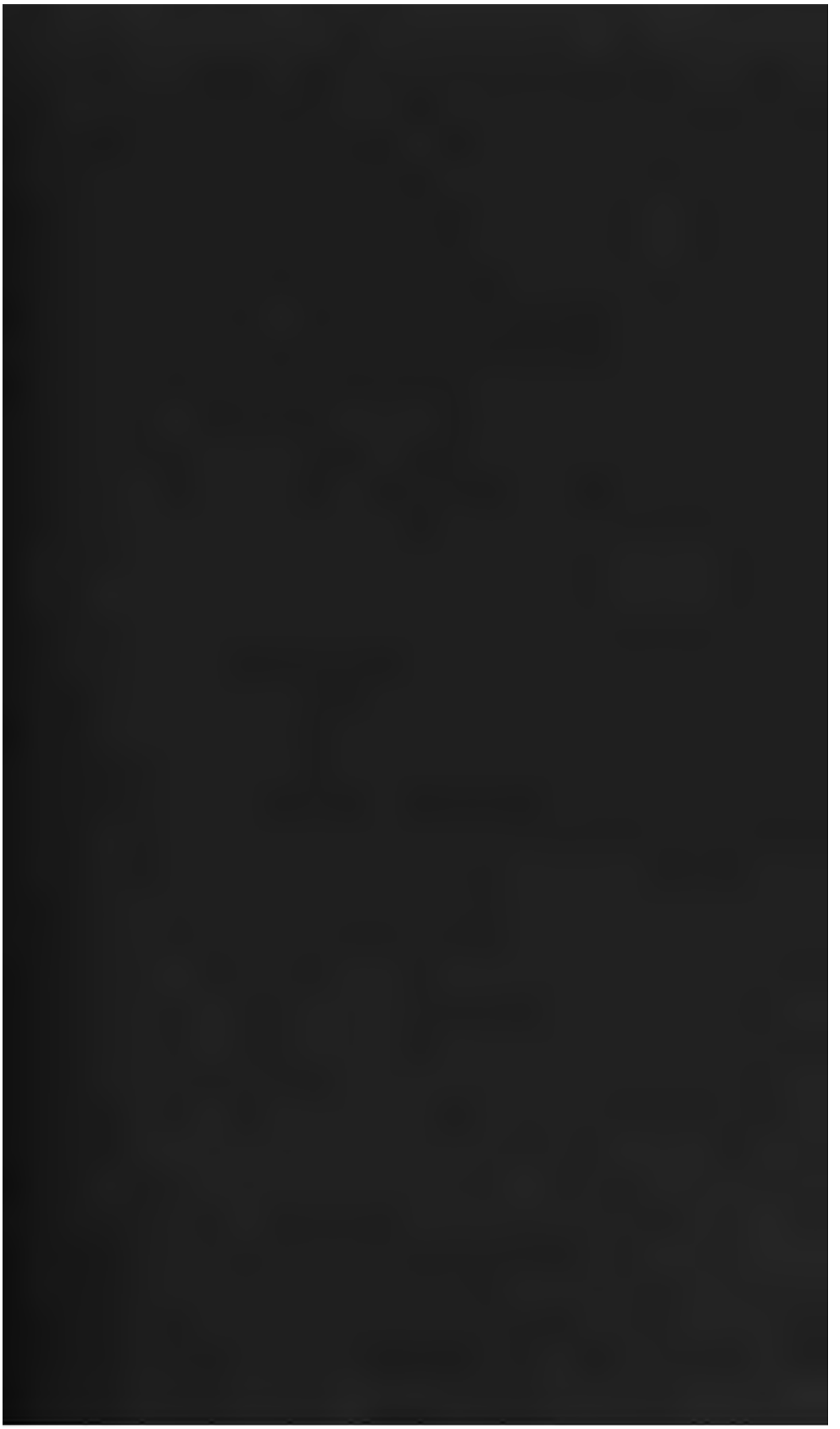
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`


LANE MEDICAL LIBRARY STANFORD
N401 .C46 1872 STOR
Hysterology : a treatise, descriptive an
24503351861


LANE
MEDICAL
LIBRARY
LEVI COOPER LANE FUND



DISEASES AND DISPLACEMENTS

OF THE

UTERUS.

Entered, according to act of Congress, in the year 1872, by
WILLIAM WOOD & CO.,
In the Office of the Librarian of Congress, at Washington.

S. W. Green, Printer, 16 and 18 Jacob Street, New-York.

WI
C46
1872

PREFACE.

BEING called upon some twelve years since to fill the chair of clinical Midwifery, in addition to that of Materia Medica and Therapeutics, which I then occupied, I accepted the position with great reluctance and many misgivings. My reluctance arose from the fact that, both in dispensary and private practice, each and every plan of treatment then in vogue had in my hands proven unreliable; and my misgivings, from the doubt that I should ever be able by any application, however close and unremitting to unravel the mysteries of female diseases; mysteries which had, in my judgment, foiled others much better fitted than myself to grasp so intricate and complex a subject. However, being overpersuaded, and making the attempt to teach a branch, the general principles of which had not as yet been established, I soon found that it would be necessary, in order to secure a reliable base of operations, to institute a thorough course of clinical study. To do this in a satisfactory manner, and whilst opening the door to all truth, to bar it against all error, I secured the services of a competent assistant, whose duties were, aside from any aid required in making the examinations and carrying out the treatment, to take full notes of each case at every visit. Having followed this plan with the greatest advantage to myself, and thereby gained a clearer insight into the normal and abnormal evolutions of the uterine organs, inasmuch as the eye and the finger are, in this class of disorders, the best of all teachers, I resolved to continue it at my second course of lectures, and bring the students also into direct, personal contact with disease in the living subject. The mode of procedure was this: The advanced students being divided into classes of from eight to ten, two of their number acted in rotation as my assistants, whereas the others were not admitted into the private room until the patient had been placed on the operating table, and her person protected from needless exposure. The history of the case now being read, its peculiar features commented upon, the opportunity

of seeing and touching given to as many as practicable, and the treatment conducted in their presence, the class, excepting the two on duty, retired to an adjoining apartment whilst this patient was dismissed, and another admitted and made in readiness for examination. By thus regarding the feelings of these poor women, who were by want obliged to seek aid at a public institution, and yet demanding every facility requisite for the thorough instruction of the students, I fortunately succeeded in giving satisfaction to both parties; to the one, a happy sense of returning health, and to the other, a solid foundation whereon to build an enduring superstructure in the after years of their practice.

These *Cliniques* that present the data from which the doctrines, inculcated in the following pages, have been deduced, are represented by the cases and commentaries.

The body of the work, on the contrary, is a reproduction of my lectures on the diseases and displacements of the uterus. These lectures, being designed for the first as well as the second course students, were of a general character, and embodied the results of my observation and experience.

This method of treating my subject, that comprehends both a clinical and a systematic treatise, arranged side by side in the same book, though it necessarily leads to repetition, will, I hope, from the many stand-points from which each and every particular is viewed, insure greater clearness and precision than is otherwise to be attained.

In presenting this volume to my professional brethren, I crave indulgence for those shortcomings to which every human undertaking is liable, seeing that one's ideal is ever far in advance of his accomplishment, and also for the positive, and, as some may think, self-confident manner in which I express my convictions—that to me are vivid and real—even when they run counter to those entertained by the leading hysterologists of the day. My aim, however, has not been to float with the tide and accept on trust every statement found in print; but rather to question received opinions, and by anew interpreting natural phenomena, to discover, if possible, those general principles which would, when carried into practice, render the treatment of womb-disease more certain and efficient.

I have ventured to coin a new word, hysterology, from *ὑστερα, the uterus*, and *λογος, a description*, as a more distinctive title of a monograph on uterine disease than gynecology, that, embracing all the diseases peculiar to the female, is too broad in its

signification. The words vaginocele and rectocele are of a hybrid character, and would, except for the want of better and the common employment of a similar one, vaginismus, be quite inexcusable.

In conclusion, while bespeaking a fair hearing and a careful investigation of the views about to be advanced, it but remains to me to return my hearty acknowledgments to Drs. Skene, Olmstead, Toumey, McMillen, and others, for most efficient services in recording the cases and conducting the treatment, and to Drs. Vickers, Rockwell, and Sargent, for taking the sketches that were the ground-work of my original drawings. To Dr. Skene, now Professor of Clinical Obstetrics in the Long Island College Hospital, I am especially under obligations for efficient and long-continued assistance in my department.

Brooklyn, July, 1872.

CONTENTS.

CHAPTER I.

INTRODUCTION.

Manner of obtaining Materials for this Work; its Plan—Great Advance of Sciences collateral to Medicine—Slight Advance of Therapeutics—Temporizing Practice—Physical Sciences tested in every new Relation; those pertaining to Practice, by Actual Trial—Medical Science founded on Observation and Experience, not on Theory and Reasoning—Explorations in Diseases of the Uterus, of the Chest—Objections to Speculum Examinations—Local Treatment of Dr. Bennet—Advocates of the Constitutional and the Local Treatment Partisans—Author's Experience—Defence of the Speculum—Diagnosis by Speculum, Complete; Treatment effectual, ... 1

CHAPTER II.

SYMPTOMS AND EXAMINATIONS.

Symptoms, Local, General—Symptoms compared—Touch and Sight—Manual Examination—Examination in Recumbent Posture; English Method; What can be learned—Examination in Erect Posture; Method; What can be learned—Examination in Semi-Recumbent Posture—Examination by Touch and Palpation—Speculum Examination; Deportment of Physician—Specula Matricis, Fergusson's, Non-Reflecting, Valvular, Ricord's, Charriere's, Cusco's, Segalas'—Uterine Sound; Use; Abuse—Forceps—Probes, Lente's, Budd's—Pocket Sound and Probe—Tenacula—Application of the Nitrate of Silver; Portes Caustiques, Lallemand's, Lente's—Preparation of Patient for Speculum Examination; English Posture; French Posture—Introduction of Speculum, in the Married, in the Unmarried—True Stand-Point for the Physician, ... 12

CHAPTER III.

ANATOMY AND PHYSIOLOGY.

Anatomy of Mucous, of Erectile, of Muscular, and of Fibrous Coat of Vagina—Anatomy of Mucous Membrane, of Uterus, of Cervical Canal, and of Body of Uterus—Anatomy of Muscular Fibres, of Blood Vessels, and of Nerves of Uterus—Physiology of Menstruation, of Pregnancy, and of Involution, ... 39

CHAPTER IV.

PATHOLOGY AND ÆTIOLOGY.

Pathological Doctrines of the Older Writers, of Dr. Tilt, of Dr. Bennet, of Prof. Meigs, of Prof. Scanzoni, of Dr. Tyler Smith, of the Author—Cases i.-xiii. Complete—Synopsis of the Author's Pathology and Ætiology—Existence of Congestion and Non-Existence of Inflammation—Modus Operandi of Morbid Actions, in Multiparous Uterus, in Nulliparous Uterus—Classification, Classes I.-VII, ... 53

CHAPTER V.

CLASS I.—NULLIPARÆ AND MULTIPARÆ.

Congestion of the Cervical Canal, Uterine Catarrh.

Symptoms, General, Local—Examination by Touch, by Speculum—Cases XIV.-XXIV. Complete—Cases XXV.-XCV. Abbreviated, . . . 93

CHAPTER VI.

CLASS II.—MULTIPARÆ.

Congestion of the Cervical Canal, Congested Circle around the Os Uteri, with or without the Loss of Epithelium, and Slight Congestion and Enlargement of the Neck.

CLASS III.—MULTIPARÆ.

Congestion of the Cervical Canal, Congested Circle around the Os Uteri, with or without the Loss of Epithelium, and Congestion and Enlargement of the Neck.

Symptoms, General, Local—Examination by Touch, by Speculum—Class II., Cases XCVI.-CVII. Complete—Cases CVIII.-CLXXXIX. Abbreviated—Congestion, Physiological of Uterus, and Pathological of Cervix, Cases CXC., CXCI. Abbreviated—Class III., Cases CXCII.-CXCVII. Complete—Cases CXCVIII.-CCXVIII. Abbreviated, ... 137

CHAPTER VII.

CLASS IV.—MULTIPARÆ.

Congestion of the Cervical Canal, Congested Circle around the Os Uteri, with or without the Loss of Epithelium, Congestion and Enlargement of the Neck, Congestion and Enlargement of the Corpus Uteri, and Slight Congestion of the Ovaries and Upper Portion of the Vagina.

ACTIVE CONGESTION OF UTERUS.

Symptoms, General, Local—Anteversion, Additional Local Symptoms from; Examination by Touch, by Sound—Prolapsus, Additional Local Symptoms from; Examination by Touch, by Sound—Cases CCXIX.-

CCXXIII. Complete—Cases CCXXIV.–CCXXXVIII. Abbreviated—Congestion, Physiological and Pathological, of Uterus—Cases CCXXXIX.–CCXLI. Abbreviated.

PASSIVE CONGESTION OF UTERUS.

I.—From Non-Involution—Symptoms, General, Local; Examination by Touch, by Speculum, by Sound—Cases CCXLII. and CCXLIII. Complete—Cases CCXLIV.–CCLXXXIII. Abbreviated.

II.—From Mechanical Obstruction—Symptoms, General, Local; Examination by Sight, by Touch, by Sound, by Catheter—Case CCLXXXIV. Complete—Cases CCLXXXV. and CCLXXXVI. Abbreviated, . . . 204

CHAPTER VIII.

CLASS V.—MULTIPARÆ.

Congestion of the Cervical Canal, Congested Circle around the Os Uteri, with or without the Loss of Epithelium, Congestion and Enlargement of the Neck, Congestion of the Erectile Coat of the Vagina, Mucous Inflammation of the Vagina, and Slight Congestion of the Corpus Uteri, and Ovaries.

Peculiarities of Class V.—Vaginismus—Vascular Tumor—Vaginitis—Causation—Symptoms, General, Local—Examination by Touch, by Speculum—Cases CCLXXXVII.–CCXCI. Complete—Cases CCXCII.–CCCV. Abbreviated—Congestion, Physiological and Pathological, of Uterus and Vagina—Case CCCVI. Abbreviated—Cases simulating Uterine Disease of the Fifth Class, CCCVII.–CCCX. Complete, ... 255

CHAPTER IX.

CLASS VI.—MULTIPARÆ.

Congestion of the Cervical Canal, Congested Circle around the Os Uteri, with or without the Loss of Epithelium, Congestion and Enlargement of the Neck, Congestion and Enlargement of the Corpus Uteri, Congestion of the Ovaries, and Erectile Coat of the Vagina, Mucous Inflammation of the Vagina, and Vaginismus.

Relationship of the Uterus, Ovaries, Vagina, Vulva, Rectum, and Bladder—Nervous and Vascular Supply of Genitalia—Ovarian Congestion; Symptoms, General, Local; Examination by Touch, *per Vaginam*, by Touch, *per Rectum*, by Touch and Palpation, by Speculum—Hypertrophy and Exfoliation of True Uterine Mucous Membrane—Retroversion, Partial; Symptoms, General, Local; Examination by Touch, by Sound, by Speculum—Flexions; Ætiology and Pathology; Symptoms, General, Local; Examination by Touch, by Sound, by Speculum—Anteflexion and Retroversion—Retroflexion and Retroversion—Cases CCCXI.–CCCXVIII. Complete—Cases CCCXIX.–CCCXXVI. Abbreviated—Passive Congestion of Internal Genitalia, from Non-Involution—Cases CCCXXVII. and CCCXXVIII. Abbreviated, ... 287

CHAPTER X.

CLASS VII.—NULLIPARÆ.

Congestion of the Cervical Canal, Congestion of the Uterus, Ovaries, and Erectile Coat of the Vagina, Mucous Inflammation of the Vagina, and Vaginismus.

Symptoms, General, Local—Examination by Touch *per Vaginam*, by Touch *per Rectum*, by Touch and Palpation, by Sound, by Speculum—Non-Hypertrophy and Non-Exfoliation of True Uterine Mucous Membrane—Retroversion—Flexion—Anteflexion and Retroversion—Retroflexion and Retroversion—Cases CCCXXIX.-CCCXXXVIII. Complete—Cases CCCXXXIX.-CCCLVII. Abbreviated, ... 343

CHAPTER XI.

SUMMARY.

Table of Class I., of Class II., of Class III., of Class IV., of Class V., of Class VI., of Class VII.—Table, General—Aphorisms of Uterine Therapeutics, I.-XL., ... 396

CHAPTER XII.

TREATMENT.

Congestion, Recent and Active—Cong., Recent and Passive—Cong., Chronic and Active, Uterine Disease, proper—Cong. of Uterus and Ovaries—Cong. of Cervix and Vagina—Cong. and Mucous Inflammation of Vagina—Cong. and Prolapsus—Cong. and Procidentia—Cong., Hypertrophy, and Anteversion—Cong., Hyper., and Retroversion—Cong., Hyper., and Anteflexion—Cong., Hyper., and Retroflexion—Cong., Hyper., and Antero-lateral Flexion—Cong., Hyper., and Retro-lateral Flexion—Cong., Hyper., Anteflexion, and Anteversion—Cong., Hyper., Retroflexion and Retroversion—Cong., Hyper., Anteflexion, Anteversion, and Prolapsus—Cong., Hyper., Retroflexion, Retroversion, and Prolapsus—Cong., Abrasion, Enlargement and Elongation of Cervix—Cong. and Stricture of Inner Cervix—Cong. and Pregnancy—Cong. and Change of Life—Cong. and Vascular Tumor—Cong. and Mucous Inflammation of Rectum—Cong. and Mucous Inflammation of Bladder—Prolapsus Uteri, Vesicæ, et Vaginæ — Cystocele—Vaginocele — Procidentia—Rectocele—Operations for Prolapsus, Procidentia, Cystocele, Vaginocele, and Rectocele—General Remedies—Prophylaxis, ... 411

ILLUSTRATIONS.

FIGURE		PAGE
1	Section of pelvis, one quarter of life-size—nullipara	17
2	A view of the fundus uteri, fallopian tubes, round ligaments, bladder, and rectum at the brim of the pelvis	18
3	Fergusson's Speculum	25
4	Cusco's Speculum	27
5	Segalas' Speculum, closed	27
6	Segalas' Speculum, opened	28
7	Uterine Sound	29
8	Uterine Forceps	30
9	Lente's Probe	31
10	Budd's Probe	31
11	Pocket Sound and Probe	31
12	Single Tenaculum	32
13	Double Tenaculum, opened and closed	32
14	Lallemand's Porte Caustique	33
15	Whalebone Probang, armed and unarmed	33
16	Pavement Epithelium covering the vagina and outer cervix	41
17	Villi of the Vagina	41
18	Bulbi vestibuli, pars intermedia, etc.	42
19	Cavity of the virgin cervix uteri laid open	43
20	Ciliated cylinder epithelium from the canal of the cervix uteri	44
21	Villi of the canal of the inner cervix, covered by cylindrical epithelium, and containing looped blood-vessels	44
22	Villi of os uteri covered with pavement epithelium, and containing looped blood-vessels	45
23	Villi of the os uteri seen through the epithelial layer	45
24	Villi of os and cervix uteri from which the epithelium has been removed by maceration	46
25	Section of the proper uterine cavity at the commencement of pregnancy	50
26	A uterine gland from a primipara, eight days after conception	50
27	Muscular elements of the pregnant uterus, formative, advancing and developed fibre-cells	51
28	Muscular fibre-cells of the uterus, three weeks after parturition	52
29	Procidentia, vaginocele and cystocele	68
30	Anteversion; prolapsus vesicæ	113

FIGURE		PAGE
31	Hypertrophy; anteversion; prolapsus uteri, first degree; prolapsus vesicæ	208
32	Prolapsus uteri, second degree; prolapsus vesicæ	210
33	Prolapsus uteri, changing from the second to the third degree; cystocele; vaginocele	210
34	Prolapsus uteri, third degree; prolapsus vaginæ	211
35	Procidentia, partial; vaginocele	249
33	Procidentia; cystocele; vaginocele	250
37	Procidentia; cystocele; vaginocele; erosion	251
38	The uterus, bladder, and vagina as retained in position by the pessary	253
39	Hypertrophy; retroversion; prolapsus vaginæ	304
40	Anteflexion	309
41	Retroflexion	310
42	Scarificator	436
43	Pocket scarificator	437
44	Cotton-holder	441
45	Laminaria tents	465
46	Method of preparing sponge tents	466
47	Silver-coated globe pessaries	471

DISEASES AND DISPLACEMENTS

OF THE

UTERUS.

CHAPTER I.

INTRODUCTION.

Manner of obtaining Materials for this Work; its Plan—Great Advance of Sciences collateral to Medicine—Slight Advance of Therapeutics—Temporizing Practice—Physical Sciences tested in every new Relation; those pertaining to Practice by Actual Trial—Medical Science founded on Observation and Experience, not on Theory and Reasoning—Explorations in Diseases of the Uterus, of the Chest—Objections to Speculum Examinations—Local Treatment of Doctor Bennet—Advocates of the Constitutional and the Local Treatment, Partisans—Author's Experience—Defence of the Speculum—Diagnosis by Speculum, complete; Treatment, effectual.

It is proper, in presenting to the medical public a work on the diseases and displacements of the uterus, to make known its intent and scope, and perhaps apologize for the boldness and presumption of the undertaking. My purpose, a humble one, is simply the delineation, from personal observation, of the histories, symptoms, pathology, and treatment of the special disorders of the non-gravid uterus. To effect this, I shall attempt the difficult task of drawing my descriptions from the open page of Nature, and discussing the subject independently of the expressed views of hysterological writers; not that I have an overweening confidence in the acuteness and accuracy of my powers of observation, and hold in light esteem the labors of others, but because it is the privilege, as it is the duty, of each and every author, to go to the original, that he may in reality study the varying and ever-shifting phases of morbid actions, and thus

truly transcribe the phenomena presented. This, to most readers, will appear like a work of supererogation, since, in their estimation, the acme of medical knowledge has at the present day been attained; so that now, with the wealth of materials at our disposal, little more is required of an author than the compilation of the observations and doctrines of those who already occupy the field of medical literature.

The progress, the last few years, of certain branches of our art, that conspire to aid and improve practical medicine, has been truly wonderful, and has far outstripped the advance of therapeutics; and although we are ostensibly rich in the variety and abundance of scientific acquisitions, and enjoy every facility and appliance for pushing forward our investigations to still greater lengths, yet it is a matter of grave doubt, whether, by such studies, and in this direction, our knowledge of better and more successful methods of curing disease will ever be proportionately increased. In truth, we have a tacit confession of the fact, in the writings and practice of certain modern physicians of the largest and broadest scientific acquirements, who have refined their treatment of disease to such a degree that it is purely expectant, and amounts simply to doing nothing, and trusting to the unaided natural powers for a favorable result. By their showing, the progress of medical science leads to the conclusion that all efforts on our part to assist the system in its struggle with disease are naught; that we are powerless for good, but potent for evil, and that our mission as physicians is virtually ended, unless it be to induce our patients to abide their allotted time of deliverance and refrain from active medication.

If it is true that the investigations of medical scholars lead to deductions so startling and so opposed to the doctrines current but a few years since, and at the same time so directly in the face of the general experience of all practical men, it becomes us anew to examine the groundwork—the very foundations—of art, and, leaving our books at rest on their shelves, to return ır wanderings in the mazes of hypothesis to the study of herself, who, unchangeable from age to age—the same nd for all time—is the only standard by which medical s are to be tested, and either proved or disproved.

Every science must come out of the region of the ideal and submit its theories, however specious the arguments by which they are supported, to trial in their actual workings, before its conclusions can be allowed as warranted. Whatever may be the results, attained by chemistry in the laboratory, these must, when applied to agriculture or the arts, be submitted to actual experiment under varied conditions, before the laws regulating chemical action in these new relations can be determined. Hence every science that deals with the material world is constantly being subjected to practical proof, which, confirming or invalidating the problems worked out in the study, establishes the principles of each on a basis as fixed and enduring as the natural laws which they interpret.

The late sad and deplorable war, which called out a host of inventions, both for aggressive and defensive purposes, aptly illustrates the fact that an idea may appear sound and practicable, and yet, when embodied and carried out, be defective and valueless.

In all departments of physics, we reach perfection in proportion to our knowledge of natural laws, and whatever is written in treatises on these subjects, is only of worth, as it sets these laws forth and assists us in comprehending them.

In medicine, the main object of our various studies is, or at least ought to be, the cure of disease, or, this result not being attained, the relief of urgent symptoms and the prevention of secondary evils. Collateral branches of our art, the aids in this the great work of our lives, should, if of the slightest value, contribute to this end, and conspire to render our efforts more certain and effectual. But should they fail in this particular, and inculcate doctrines unstable, fluctuating, and ever-shifting, like the sands of the sea; and above all, should their teachings, when tested practically, be found wanting and not confirmed by experience at the bed-side, we would in duty be bound, by the decisions of this higher and final court, to set their dicta aside without a moment's hesitation, and betake ourselves to the study of morbid actions and the discovery of means for their subdual or mitigation.

Scholastic learning ought to be held in no higher esteem in

medicine than in other sciences, and ought even more rigidly to be submitted to like ordeals. Here, least of all, should we give place to abstract thought, since no one has a moral right to venture a human life on a mere theory, however complete the argument by which it is sustained.

That we have a controlling power, greater or less, over the inception, progress, and termination of disease, when observation and experience are the foundations whereon we build the superstructure of our knowledge, no more admits of doubt than that manifest power which we wield in the physical world. Unfortunately for practical medicine, this path—the only one leading to enduring results—which was followed by Hippocrates and Sydenham, has almost universally been forsaken by medical writers, who wandering in the intricate mazes of speculation, have viewed diseases through colored media, and warped their phenomena in conformity to a certain acquired bias. The prominence given to theory, which enlisting induction and analogy in its service, in accordance with the Baconian philosophy, first assumes a proposition and then strives by logic to demonstrate its truth, has been an incubus upon and the bane of our profession.

The only true plan by which to advance our art and elevate it to the full dignity of a science, is to carefully study the phenomena of disease, and the means found advantageous or otherwise, in its removal or modification. To this, other methods of investigation and other modes of procedure are secondary and subsidiary, as they are only of use to throw additional light on what is observed in the living subject.

Moreover, each writer, instead of his or others' opinions, should rather give a record of his cases, as the basis of his opinions, so that we might be competent judges of the legitimacy of his deductions and the soundness of his doctrines.

When, in the course of time, by the labors of many physicians, observations such as these shall have been made on an extended scale and under every variety of circumstance, and critically sifted for all possible sources of error, then the right will be acquired to reason upon the facts presented, to discuss the nature

of the disease, and to indicate the line of treatment and the means required to fulfil the indications.

What a high eminence our profession would occupy to-day, had this humble, painstaking, and despised method—the empirical—been followed by writers, instead of that unreliable one, which delights in parading learning, astonishing by scientific display, weaving systems, inventing theories, drawing analogies, and indulging in speculations—a method peculiarly seductive to an imaginative mind and flattering to the pride of intellect. But now, alas! we must in all candor confess that our real knowledge is extremely limited. The next, like the present boastful century, will, most likely, vaunt aloud its wonderful advances and great acquisitions, and read with astonishment, perhaps with a smile, the antiquated doctrines of to-day. Hence, to prevent the present from sinking into the oblivion that is enshrouding the past, it behooves us to adopt and follow a medical philosophy that is based upon and arises out of natural phenomena. The histories of direct and actual observations, the details of all the facts within the cognizance of our senses, the records of normal and abnormal manifestations, complete and under every variety of circumstance, will alone give us substantial results, and build up a science of medicine, that will be both progressive and enduring.

The foregoing criticisms, applicable almost universally to the faulty observation and fallacious reasoning which prevailed until of late years in medical inquiries, apply with greater pertinence and stronger emphasis to the subject that more directly concerns us at the present time. The benign diseases of the uterus can, by modern appliances, be investigated by the aid of the sight, and its forms, stages, appearances, and changes, as, also, the results, following different plans of treatment, can be observed, day by day, in the living subject, as distinctly as though they were transpiring on the external surface of the body; and yet, strange to say, most writers on Hysterology have, whilst either neglecting these advantages for gaining positive knowledge, or only employing them to establish a foregone conclusion, given their whole thought and care to collating, comparing, and digesting the various views extant in the

literature of this subject. They transcribe, in a succinct form, the substance of all previous publications, and then attempt, by striking a balance between their authorities, and drawing logical deductions from their assumed facts, to settle beyond dispute each and every mooted point.

As, however, most writers on female diseases were, save the more recent, either ignorant or neglectful of the use of the speculum, by which alone it is possible advantageously to study, properly to understand, and effectually to treat the varying states of the pelvic organs, their teachings deserve to be ranked as ideal, and omitted from a practical treatise, precisely as we are wont to deal with the odd and fanciful notions of ancient authors.

In chest diseases, slight regard would be paid a writer's statement, as to the diverse conditions of the heart and lungs, who knew nothing of or omitted to practise auscultation and percussion; and yet he might, from the violent and distinctive symptoms attending most disorders of these vital organs, get a tolerably correct idea of the morbid actions in progress, and the medication required to subvert them, and restore the patient's health.

In pelvic diseases, on the contrary, a physical examination is absolutely indispensable, both to a correct diagnosis and an efficient treatment.

Besides, a pleurisy, pneumonia, bronchitis, or pericarditis has a tendency to a spontaneous resolution, a recovery in many instances being effected, without the aid of medicine, by the *vis medicatrix naturæ;* whereas the disorders affecting the uterus and its appendages have no such tendency, but one rather to perpetuate themselves indefinitely, or to the period when the "change of life" comes to the rescue, and morbid action ceases, because the vital power of the uterus is extinct.

Advocating, as I do, the investigation of the diseased states of the womb by the aid of every sense that can make the diagnosis more positive and complete, and by every appliance that can render the treatment more certain and effectual, it is, perhaps, incumbent upon me to vindicate the propriety of and the necessity for the employment of the speculum, inasmuch as a

fierce and acrimonious warfare has been waged against it and its champions by several writers of eminence in the profession. It is said that ulceration of the os uteri is very rare, and then, again, that it is very common, and even general, and yet the women thus affected feel quite well, and are unconscious of any local suffering; that the so-called ulceration, when present, is a simple abrasion of the epithelium, which reforms as readily as the cuticle on the derma; that, granting the existence of a grave local disorder, this arose primarily from causes affecting the general system, and is to be subdued by constitutional remedies, or, if topical medication be required, by the same means—cups, leeches, blisters, and sedative, mucilaginous, astringent, or caustic lotions—which are so effectual for analogous states of other mucous surfaces; that, as inflammation and ulceration of the conjunctiva are treated successfully by collyria of various kinds, so similar conditions of the cervical mucous membrane are equally benefited by like applications; that, from the importance of the ovaries being recently more fully appreciated, inasmuch as the ova are formed in their stroma, the uterus has taken a secondary place in the sexual system, and its diseases have been found to originate from inflammation of these bodies, and to be incurable, except by a treatment, internal and external, directed to this pathological state; that the speculum has been most shamefully misused, and though it may, in extreme cases, be resorted to with propriety, its general employment is highly reprehensible, and not to be tolerated, except in a city of lax and degenerate morals, like the capital of France; that these examinations tear down the barriers which hedge in chastity, and thus, by blunting virtuous sensibility, open the flood-gates of vice; that the physician who espouses this specialty, becoming devoid of shame, is scarcely ever without a speculum in hand, and, assuming that ulceration, induration, and hypertrophy of the cervix are the fountain-heads of all female ailments, is certain, on making an examination, to find whatever he has made up his mind to see; and lastly, that the local treatment succeeds when there is no need of interference, but fails when the womb is actually diseased, and that, too, in cases readily cured by constitutional remedies.

These objections to the general employment of the speculum are, it must be confessed, well urged in several particulars against the energetic and dangerous practice introduced by Dr. Bennet of London, and since followed by most uterine specialists. This practice is based on the assumption that in womb-disease there is first inflammation, and then ulceration, induration, and hypertrophy of the cervix, and that, by eating away the degenerated tissues by escharotics, this inflammation will be removed, and the uterus restored to its original condition. As might have been expected to happen, the physicians, who espoused the new doctrines and ventured into this unexplored field of practice, often committed grievous errors, rarely accomplished much good, and sometimes inflicted great injury.

Most unfortunately for the advance of our art, the advocates of the one or the other practice, the constitutional or the local, became partisans, and, instead of reconciling their differences by the careful study of disease in the living subject, and the patient trial of various plans of treatment, contended against each other with fine-spun arguments and far-fetched analogies, drawn from whatever disjointed and distorted clinical facts they were able to find favoring their views. Hence both parties became so hopelessly committed to certain opinions, and so completely biased by preconceived ideas, that it mattered but little what mode of investigation they followed, inasmuch as truth is never discovered by such seekers, even though it lies at their feet. No one with a settled theory in his brain is capable of making correct observations, or arriving at sound and reliable conclusions.

My professional history, in the midst of these jarring and conflicting views, is peculiar. Having been, when a student, indoctrinated in the belief of the constitutional origin of the benign affections of the womb, I relied, in the earlier years of my practice, on the general treatment, together with such aid as was, seemingly, offered by leeches, cups, blisters, and vaginal injections, yet, in well-pronounced cases, I never saw more than a temporary relief afforded. Subsequently, having had, in the in-door and out-door departments of the Long Island College Hospital, a great number of females under my charge, I em-

braced the opportunity, thus presented, of studying uterine disease on an extended scale, by the use of the speculum and the direct application of remedies. The practice followed was that taught by Dr. Bennet, save that the more potent caustics recommended by him were, through a fear of the bad consequences that might supervene, but sparingly ventured upon. Notwithstanding these patients were treated with care, and often remained several months in my hands, the results were not satisfactory. In some instances, the general was united with the topical treatment, but still the incurable cases were the many and the curable the few; and what was even more disheartening, a relapse in those that apparently recovered was, much to my chagrin, the rule and not the exception.

At this stage of my experience, I was most strongly impressed with the intractable nature of this class of disorders, and well-nigh discouraged from further labor in a field where so little benefit accrued to my patients and such slender satisfaction to myself. Observing the marked though temporary relief attendant upon a single scarification of the labia uteri, I began to suspect that the changes in the cervix, discovered by the use of the speculum, were secondary to some preëxisting condition, and that a permanent cure could not be attained until this should be removed. Disabusing my mind, as far as possible, of the opinions I had acquired of others, or formed of myself, and resolving to begin *de novo*, as though nothing were known on the subject, I attempted, by the empirical trial of various plans of procedure, to discover the one the best suited to each special condition. Gradually and imperceptibly, after an unremitting and painstaking application, extending over many months, a new light broke in upon the obscurity enveloping these diseases; doubt and uncertainty gave place to confidence and precision; discouragement and distrust, to expectation and reliance; and now, having given two to three hours daily, for more than seven years, to these practical investigations, I am emboldened to assert, most positively, that no class of disorders is more readily diagnosed, none is more certainly removed, and none is more free from a liability to a relapse, than the one of which it is my purpose to treat in the following pages.

Previous to concluding these prefatory remarks, it is proper to say a word in regard to the grave charge of indelicacy that has been, strenuously and pertinaciously, urged against speculum examinations. It is to be presumed that a physician of good standing in the community and among his brethren—of others I need not speak—is a gentleman, and only resorts to an instrumental exploration when the urgency is imperative, and success by ordinary means unattainable; and also, that his sole thought is the cure of disease and the relief of human suffering. If, by ignorance, neglect, or a false sentimentality, these objects are not secured—disease not being checked in its course, nor suffering robbed of its poignancy, when they might have been attained by the use of the speculum—our profession is an empty show and an outrage on a deceived people. In many instances, I have heard these poor and miserable women, who had gone from doctor to doctor many a long year without being asked to submit to the indignity of a speculum examination, and been drugged *ad nauseandum* without receiving the slightest advantage, characterize the whole proceeding, by which they were relieved of their money, as a swindle; a judgment, harsh as it is, that the staunchest stickler for professional prudery could not but concede to be merited, when he saw these same persons restored to health in a few months by the local, or by the local and the constitutional treatment combined. If the physician allowed his patient, with health broken, nerves shattered, spirits quenched, and mind weakened, to drag out a weary, joyless, and hopeless existence, and never took the proper steps for the discovery and treatment of her disease, he would be as culpable as the surgeon who should, in fractures of the thigh, tumors in the groin, or disorders of the rectum and bladder, forego, by reason of his superlative modesty, forsooth! a thorough examination of the case, whatever the exposure necessary for a positive diagnosis and a successful management. Will a plea of modesty be accepted in a court of justice in extenuation of a distorted limb?

It is my firm conviction that, by the sense of sight and of touch, a diagnosis, in uterine disease, is made with more accuracy, and a treatment put in force with more certainty of a

happy issue, than is possible in any pelvic injuries or disorders coming within the province of the surgeon.

The surgeon is unable to say, positively, when an examination is imperatively called for, and often it happens that a patient, left to the resources of nature, suffers little detriment, or even fares equally well; but the hysterologist, on the contrary, has the opportunity to learn from the symptoms, with considerable precision, when an examination is necessary, to acquire, by the aid of his senses, a perfect knowledge of the disease, and to accomplish, by local appliances, a complete and permanent cure, which, by any other means, is unattainable.

CHAPTER II.

SYMPTOMS AND EXAMINATIONS.

Symptoms, Local, General—Symptoms compared—Touch and Sight—Manual Examination—Examination in recumbent Posture; English Method; What can be learned—Examination in Erect Posture; Method; What can be learned—Examination in Semi-Recumbent Posture—Examination by Touch and Palpation—Speculum Examination; Deportment of Physician—Specula Matricis, Fergusson's, Non-Reflecting, Valvular, Ricord's, Charriere's, Cusco's, Segalas'—Uterine Sound; Use; Abuse—Forceps—Probes, Lente's, Budd's—Pocket Sound and Probe—Tenacula—Application of the Nitrate of Silver; Porte Caustiques, Lallemand's, Lente's—Preparation of Patient for Speculum Examination; English Posture; French Posture—Introduction of Speculum, in the Married, in the Unmarried—True Stand-Point for the Physician.

From the fact that the diseases about to be investigated, are located in the sexual organs, which have, through the ganglionic nervous system, intimate sympathetic relations with the more highly vitalized parts of the body, numberless disorders of great intensity and persistency are awakened, that, too frequently, monopolize the attention of the physician to the exclusion of a thought as to their origin. This error, easily fallen into, is perpetuated by our nosological classification, which, seizing upon the more prominent and distressing general symptoms—derangements of the brain and spinal marrow, that pervert the central nervous power, induce neuralgic irritability, and culminate in hysteroid, choreaic, or epileptic manifestations; and defects in digestion and assimilation, that deteriorate the physical stamina, impoverish the blood, and induce the many and troublesome complications peculiar to anæmia—ranks them as individual diseases, though they are mere epiphenomena, incidental attendants on uterine congestion, which is solely the *fons et origo mali.*

In a like manner, this classification, taking cognizance of the more manifest local symptoms, as it did of the general, elevates these also to a like prominence, and honors them with

names—leucorrhœa, menorrhagia, dysmenorrhœa, amenorrhœa, hysteralgia, etc., etc.—and lays down for each a special plan of treatment; by which means young and inexperienced practitioners insensibly fall into the delusion, that these so-called diseases are ultimate conditions, the discovery of which constitutes a diagnosis, and embraces all the information requisite for a proper and efficient course of medication.

The general and local symptoms will, however, when divested of this individuality, considered in their true significance and viewed in their proper relationship, rarely fail to give a correct impression as to the starting-point of the morbid irradiations present, and indicate when, and when not, to request a digital or ocular examination. The local symptoms are distinctive and diagnostic, and although the general have no invariable, fixed character, yet should the history of a case show that the pelvic antedated the constitutional disorders, and that the functions of various organs were in time drawn into the vicious circle of morbid sympathies, the conclusion would, as a rule, be warranted, that the uterine disease is primary, and the secret cause of the other abnormal conditions; and also, that no medication directed to the state of the system, however wisely planned or long continued, would, unless this cause were removed, benefit the patient, or mitigate, very materially, her sufferings.

LOCAL SYMPTOMS.

The local symptoms are so peculiar and marked, that an examination should be requested when a majority of those here enumerated, or even one or two of the more prominent, are intense and persistent; pain of a dull, wearying, dragging, grinding character, seated in the last lumbar vertebra and first bone of the sacrum, and thence extending forward through the false pelvis to one or both iliac fossæ, and downward, along the thighs to the knees; neuralgic sensibility, muscular spasms, numbness or weakness of the lower limbs, induced by the implication of the sciatic nerve in the pelvic irritation; tenderness, fulness, and hardness at the lower front portion of the abdomen; weight, tension, and pressure in the pelvic cavity, es-

pecially during active exercise; a vaginal discharge consisting of a whitish or yellowish mucus, or of a variously colored, watery, and acrid fluid; scalding, burning, and itching sensations in the vagina, and disorders of the monthly health, the menses being painful, scanty, or profuse, continuing too long or short a time, or returning before or after the proper interval.

This array of symptoms, when present in force and of some continuance, is so surely pathognomonic, that the medical attendant may, almost with certainty, prognosticate the existence of uterine disease, and enforce a speculum examination, without the fear that his assertion of its necessity will be unverified.

There is, however, a source of error, that should be held in mind. Chronic irritation, congestion, or inflammation of the rectum or bladder, gives rise to a condition somewhat similar, inasmuch as all the pelvic organs are supplied by branches of the same nerves; but still this fact does not detract from the value of the above symptoms, as rectal or urinary diseases, equally with uterine, cannot be satisfactorily investigated or efficiently treated without an examination and the aid of local appliances.

GENERAL SYMPTOMS.

The general symptoms, though variable in character, yet follow a certain order, present a stated uniformity, and are graduated in severity and augmented in number proportionately to the extent and duration of the womb-disease, so much so, that a physician accustomed to the use of the speculum, can in many cases, from a study of these symptoms alone, single out the generative organs, as the probable origin of the patient's ill-health.

SYMPTOMS COMPARED.

By comparing the local and general symptoms, the physician may, as these always hold an established relation to each other, not only venture a presumptive diagnosis, but can, not infrequently, predicate, with tolerable exactness, the seat, nature, and extent of the disease.

For example, a cervical leucorrhœa offers an assemblage of

symptoms unlike those attending a congestion of the walls of the uterus and coats of the vagina.

In the former, there are present a weakness or weariness in the lumbar region, not amounting to a positive pain, a profuse and constant mucous secretion, varying from a white to a yellow color, a pallid countenance, a lifeless appearance, a nervous irritability, a want of spirit and energy, and a settled gloom and melancholy. The nervous power is weakened, the functional activity of the organs depressed, and the animal force impaired, as is seen at once by the dull eye, the languid step, the listless manner, and the sallow, pasty countenance.

In the latter, the sense of discomfort in the back gives place to a positive pain of a gnawing, dragging character, that extends over the hips and down the pelvis, and the discharge, instead of being white, or yellowish, consistent and unirritating, is dark, or greenish, watery and acrid, and attended with burning, scalding, and itching feelings in the vagina. There are, besides, tenderness in the ovarian and hypogastric regions, and pressure and weight at the pelvic outlet. These local symptoms, that have, insensibly, after months or years of suffering, assumed their present form, are severe and constant, as now there exist not merely a disorder of function and a perversion of nerve-power, but, in very many instances, a fixed disease of the sexual organs, the vital activity of which has, at last, yielded to the load of morbific influences heaped upon them. Nervousness, irritability, despondency, and moroseness, lapse into neuralgia, hysteria, epilepsy, and a thousand other nameless nerve-aberrations; defective appetite, imperfect digestion, and hepatic torpor, into gastralgia, dyspepsia, and a semi-jaundiced condition, and the symptoms of a simple debility, into those of a confirmed anæmia, in which the ill-nourished frame totters, the feeble heart palpitates, and the bloodless brain loses intellectual force and the power that sustains the nervous system. Such a patient is emaciated, has an anxious, woe-begone countenance, broods over her sufferings, and becomes, eventually, an ever present source of misery not only to herself, but to those around her.

Whenever the local symptoms are not well-pronounced, and

consist of a slight weakness through the back and loins, a moderate vaginal discharge, and a mere sense of pelvic discomfort, it is advisable, previous to requesting an examination, particularly should some disorder attend the menstrual function, to give the general remedies, that seem indicated, a fair trial; and, in the unmarried, a physical exploration is to be held in reserve as a *dernier ressort*, of which the medical attendant avails himself with extreme reluctance, and then, only, after all other means have failed to afford relief.

In private practice, other things being equal, it is not seemly or judicious, however certain it appears that ultimately an examination will be necessary, to demand it as promptly as in a dispensary patient, in whose case, for good and sufficient reasons, the dictates of science are followed as guides more commonly than the conventionalities of society; but, after a trial of the general treatment, and its failure to accomplish the ends desired, it will become the bounden duty of the physician to employ the only means available for the complete diagnosis and successful treatment of the disease.

If the physician act with knowledge and discrimination, he will seldom submit modesty to an unnecessary exposure, seldom fail to find the disease suspected, and seldom meet with the disappointment of not rewarding his patient, for this sacrifice of her sensitive feelings, by a restoration from suffering to enjoyment, from solitude to society, and from debility, prostration, constant suffering, and a living misery, to the vigorous heart, bright eye, buoyant spirits, and elastic step of renewed health.

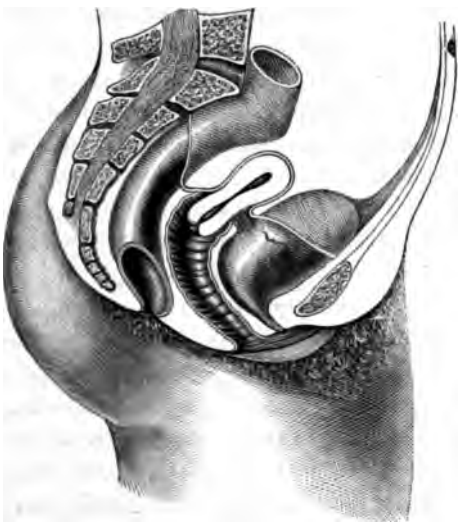
Any sacrifice, however humiliating, is but a poor price for such a gain. Health, that is of more value than any other earthly blessing, ought not to be weighed in a balance with prudery and squeamishness.

TOUCH AND SIGHT.

If, after carefully comparing the aforementioned symptoms, an examination be determined upon, it will become the operator to comprehend clearly, the precise information he wishes to attain, and the methods of procedure the best suited to his object.

Touch and sight, the finger and the eye, furnish the means by which the state of the genital organs is investigated with thoroughness and exactness. The commencement, course, and termination of disease, its different appearances, stages, and pathological changes, and the results of various plans of management, are presented to the cognizance of the senses; by the aid of which, this class of disorders is alone knowingly studied, accurately diagnosticated, and efficiently treated. By practice the diverse conditions, both the healthy and the unhealthy, of the uterine organs are rendered familiar, as it is now possible to detect the beginnings of morbid action—the physiological shading off, insensibly, into the pathological—and watch the retrograde processes, as, step by step, the normal is merged in the abnormal.

Fig. 1.*



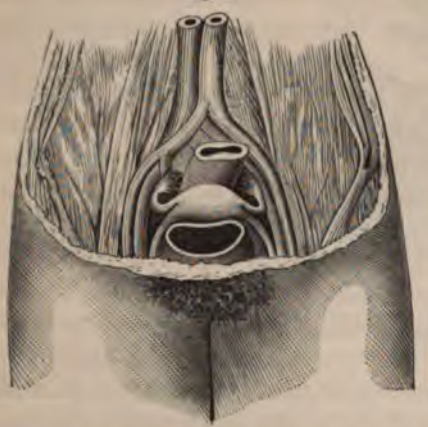
Section of pelvis, one quarter of life-size—nullipara. The normal relation of the axes of the superior and inferior straits, and of the uterus to each other, and to the axis of the body in the erect posture.

In many other internal diseases, on the contrary, there being

* In making an examination, the normal relation of the pelvis to the body, and of its contents to each other, should ever be held in mind. The plane of the superior strait strikes a horizontal line at an angle of about sixty degrees, and that of the inferior strait, at an angle of from ten to eleven degrees. The sacro-vertebral prominence is nearly four inches higher than the superior surface of the pubic bones, and the point of the coccyx is more than a half inch above the free edge of the subpubic ligament. The long diameter of the uterus corresponds with the axis of the superior strait, and hence the fundus points to the umbilicus and the cervix to the coccyx. The uterus is normally anteverted on the bladder, and is held in this position by the utero-vesical and round ligaments. The vagina passes backward along the inner face of the perinæum, and then curves upward along the front wall of the rectum.

only symptoms to guide the physician, and no method of investigation by which these symptoms can be corrected and rightly judged of, it frequently is a matter of grave doubt, what is the exact condition of the parts implicated, and what particular plan of procedure is required; but here there need be no obscurity or hesitation, since he can feel the suffering organs as distinctly, see them as clearly, and treat them as efficiently as any external portion of the body.

Fig. 2.



A view of the fundus uteri, fallopian tubes, round ligaments, bladder, and rectum at the brim of the pelvis.

To attain the proficiency and skill that belong alone to the adept in an art, the finger and the eye must be educated, so that one may correct the mistakes of the other, and both by practice attain nicety and precision. The writers undervaluing and decrying the advantages of a speculum examination, except in extreme cases and after the failure of all other plans of treatment, doubtless do so conscientiously and in accordance with their faulty modes of observation; but they forget that the ear is educated in auscultation, and the eye in microscopy, and that the observer, unless he frequently and knowingly employed his senses, might have ears and hear not, eyes and see not, and fingers and feel not. Indeed, without a painstaking application and an extended experience, no one will be made much wiser by any examination he may institute.

MANUAL EXAMINATION.

It is desirable, in most cases, to enforce a manual previous to an instrumental examination, since by this course important points may be cleared up, certain morbid conditions recognized or dismissed from among the contingencies, and a special

knowledge, acquired for the guidance of the medical attendant when it becomes necessary for him to complete the diagnosis by the help of his vision.

The touch strengthens or weakens the opinion that has been formed from the symptoms, often enables the critical observer to arrive at a tolerably accurate diagnosis, and always renders the information derived from the use of the speculum satisfactory and reliable. By following this plan, it will often happen that an instrumental examination is not required, inasmuch as it is unsuited to the condition discovered, unadapted to shed additional light on the disease, and unfitted to carry out the treatment.

EXAMINATION IN RECUMBENT POSTURE.

The touch may be practised in the recumbent, erect, and semi-recumbent postures. In the first, the patient is placed either in the English position on the left side, or in the French position on the back.

The English mode gives greater freedom to the operator than the French, and allows him, when the hips are brought to the edge of the bed, the right knee elevated, and the nates separated by pressing the knuckles strongly against the perinæum, to reach higher, and explore more completely the upper portions of the vagina, by which means a better knowledge of the condition and relation of the uterus is attainable. The French mode answers quite well under ordinary circumstances, and is better adapted to the purpose in diseases of the vulva, lower portion of the vagina, and displacements downward of the uterus, bladder, or vagina. Of the two, the first is usually employed in England and often in this country, on the score of delicacy, being, as it is thought, less repulsive to the female.

English Method.—The patient being placed in bed on her left side and covered with a sheet or counterpane, the right hand is passed rapidly along the inside of the legs and thighs until the perinæum is reached, and then, the knuckles being pressed against it, the nates are stretched apart by a movement of the thumb on the one side and the three fingers on the other, whilst simultaneously the index finger is extended and passed into the vulva by sweeping over its posterior commissure. By manipu-

lating in this manner, this delicate operation is facilitated and contact with the clitoris avoided.

What can be learned.—If the external parts be distended by a prolapse of the uterus, bladder, or vagina, enlarged by an effusion of serum, occupied by a foreign growth, or otherwise changed in form, or hot, tender, and swollen from inflammation, the operator will, immediately, on touching the vulva, become aware of the fact. As the finger passes up the vagina, it is to be noted whether this canal is obstructed by cicatrices, polypi, or other formations, encroached upon by distention of the rectum or displacement of the uterus or bladder, constricted and super-sensitive, or relaxed and bathed with mucus. The uterus being reached, its condition, position, and relation are to be investigated with special care, since it is important, should the local treatment be required, to clearly appreciate every complication present. The form, position, and direction of the cervix, the state of the os, whether granular and patulous, or smooth and closed, and the form of the labia, whether distorted by enlargement and elongation, or retaining their natural proportions and contour, are readily detected.

It is also an easy matter to differentiate a polypus hanging from the os tincæ, a cauliflower excrescence originating in the same locality, and a small, stony, hard, and circumscribed cancerous mass deposited in the substance of the neck, from the granular, puffy, elastic, and enlarged structure, the result of benign disease.

By following the cervix in front, any enlargement of the corpus uteri is promptly detected, and by placing the pulp of the finger on the extremity of the neck and elevating the uterus, its weight and size are readily compared with the normal weight and size. By further observation, it is discovered whether or not the neck is drawn up in front, and the body thrust backward under the promontory of the sacrum, a displacement that permits the operator to touch the entire posterior face of the womb (retroversion); whether or not the neck looks to the hollow of the sacrum, and the body lies forward on the bladder and depresses the bas fond into the vagina, a displacement that brings the entire anterior face of the womb within reach of the

finger (anteversion); whether or not the uterus is bent backward on itself at the union of the neck with the body, the neck retaining its normal relation with the vagina, and the body falling downward, in such a way, that a pocket-like cavity is formed between the two, and the upper surface of the fundus is presented to the touch (retroflexion); and whether or not this last condition is reversed, the body being bent forward and a like space being formed between it and the neck (anteflexion).

So also it is discovered whether or not the uterus is enlarged by a fibrous tumor, polypus, or other neoplastic growth, or enlarged, nodulated, and fixed in the pelvis by cancerous deposits; whether or not the neck is preternaturally sensitive, much or little pain being caused by the manipulations, and whether or not the odor, color, and other qualities of the secretions adhering to the finger, when withdrawn, are abnormal.

If it be found, in addition to the local and general symptoms previously enumerated, that the cervix is puffy, elastic, and rounded, that the os, either smooth or granular to the feel, is expanded and even admits the point of the finger, that the vagina is bathed in an excessive mucous secretion, and that the uterus is supersensitive, the physician will be warranted in confidently prognosticating that there exists a uterine disease of sufficient gravity to require a speculum examination for its complete diagnosis and efficient treatment.

By a careful comparison of the above conditions with those presented in other pelvic disorders, it is possible to form an opinion so critical and discriminating in a majority of cases, that the sight will scarcely be needed, unless it be to carry out the indications, and render the topical appliances effectual.

Except in cases of anteversion of the uterus, and prolapse of the uterus, bladder, or vagina—malpositions more or less rectified when the woman is placed on her back, since the tension of the abdominal muscles is relaxed, and the direction of the force of gravity changed from that of the axis of the trunk to perpendicular lines drawn from the anterior to the posterior parts of the body—the horizontal position is better than the erect or semi-recumbent for obtaining all the information derivable from a tactile examination. Indeed, even when the uterus,

bladder, or vagina lies habitually at a low level in the erect posture, it is possible, by directing the patient to hold her breath and strain down as if at stool, to obviate the disadvantages just mentioned, as now the pelvic contents return nearly to the situation they occupied whilst the patient was on her feet.

EXAMINATION IN ERECT POSTURE.

If it be suspected, from the history of the case, that the uterus, bladder, or vagina is prolapsed, or that the uterus does not hold its proper inclination, it will be preferable, previous to instituting any other, to practise an examination in the erect posture.

In order that any deviation present may appear in its full extent, a time ought to be selected when the woman has been some hours on her feet. It answers, however, the same purpose to direct her to carry a heavy burden a short distance, or, better still, to sit on a chamber, placed on the floor, and force down, as in relieving the bowels or bladder.

Method.—In practising the touch, the patient should stand fronting the wall or door of the room, with her left hand placed upon the object before her for support, her feet far apart, and her knees flexed at an obtuse angle, as in stooping, and then the physician, resting on his right knee, and facing the patient, introduces the finger, and conducts the other steps of the examination, as in the recumbent posture.

What can be learned.—Except for downward displacements and forward deviations, the erect posture will offer no special advantages, unless it be in those cases, in which it is desirable to judge of the bulk and weight of the womb, as can now be done by tilting it upward on the point of the index finger. The erect posture is, however, as a rule, less suited than the recumbent for making a critical examination, or estimating the size of the uterus.

EXAMINATION IN SEMI-RECUMBENT POSTURE.

In the semi-recumbent posture—one at an angle of about thirty degrees with the horizon—any pelvic organ, that is displaced, still remains in its abnormal position from the force of gravity, and permits its condition to be accurately determined.

By placing the patient on her side or back, raising her head and shoulders, and elevating her knees, the greatest facilities are afforded for the examination of the ovarian and hypogastric regions, the practice of ballottement, and other manipulations, by which the state of the uterus, enlarged by pregnancy, hypertrophy, fibrous tumor, polypus, or scirrhus, is satisfactorily investigated.

EXAMINATION BY TOUCH AND PALPATION.

The semi-recumbent posture gives every advantage for a double manipulation, touch and palpation. By placing the palm of the left hand above the pubes, and the pulp of the right index finger below the cervix, and then moving the uterus between these two points, the operator is enabled to estimate its size, weight, and mobility, and determine the nature of any tumor located in the hypogastric or iliac regions, whether it is the womb, or connected therewith.

The semi-recumbent posture, therefore, is scarcely inferior to the erect for any purpose had in view in pelvic explorations, and is even, in some respects, superior, since it is less revolting to the patient, and more convenient for the attendant, as now on the removal of the pillows, the speculum may, if required, be employed at one and the same operation.

SPECULUM EXAMINATION.

The physician having assured himself, by weighing the constitutional and local symptoms, and, also, by employing the touch, when thought requisite, that a speculum examination is demanded, it becomes him to consider, carefully, the proper method of procedure, and the appliances the best suited to carry out his design.

Deportment of Physician.—In a calm, dignified, and positive manner, the physician should state to the patient that it is impossible to understand her case thoroughly, much less, treat it efficiently, without a resort to the instrument that will enable him to see the neck of the womb as clearly as the external surface of the body, and restore it to a healthy state as certainly as any other structure similarly affected; that, debarred from making this examination, he might, by relying on general

remedies, drug her to little purpose, if not to her detriment; and that, by declining the local treatment, she would, from the character of the disease, be ever the subject of ill health, until advancing years, and the loss of the reproductive functions, should come to her relief.

The physician, whose deportment is marked by delicacy and propriety, will not hint at the repulsiveness of the operation, say a word in extenuation of the violence inflicted on her sensitive feelings, nor do any thing to excite the apprehension that she is about to be submitted to an exposure, either unusual or shocking; but, on the contrary, he will speak and act as in a surgical case demanding a like examination, and as though a knowledge of the disease and an opportunity to remove it, were his only object and sole care. In short, his air and manner, both in requesting and making a speculum examination, will be easy, collected, and business-like, precisely as in his other manifold offices in the sick-room.

Triviality, jocoseness, familiarity, questionable stories, a dash of vulgarity, and a free and easy recital of the particulars of female ailments, are no more to be allowed in a physician, than sickly sentimentalism and mock modesty.

SPECULA MATRICIS.

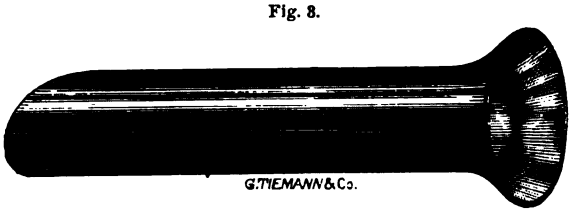
The consent of the patient to the employment of the speculum being obtained, the appliances needed to render the examination thorough and satisfactory ought to be selected with care, and placed near at hand.

Fergusson's Speculum.—The speculum of Fergusson, for general use, may rightfully supplant all others, conferring, as it does, all their advantages, and possessing, in addition, certain qualities not otherwise attained. Its material is not acted upon by chemical substances; its interior presents as perfect a reflecting surface as that of a mirror, and its introduction is effected with ease, and little or no pain. There is not the formidable appearance of a valvular instrument, the click of metal, as note of preparation, the snapping and springing asunder of blades, on the cervix being exposed, nor the catching of folds of the mucous membrane in making the manipulations, all of

which, if nothing more, alarm the patient, and make her dread a second operation.

This speculum is also to be preferred on the score of cleanliness, a matter of no little moment, since the slightest inadvertency, in separating and washing the blades of a valvular instrument, may, possibly, pass the gonorrhœal or syphilitic virus from one female to another. Moreover, the tissues are not distorted by stretching, but fall into the extremity of a Fergusson speculum, as it is introduced, in their exact condition; and, what would scarcely be expected, the field of vision is greater than that afforded by the others.

Fig. 8.



Fergusson's Speculum.

Tubular specula of the largest size are readily employed in multiparæ, suffering from leucorrhœa, and those of medium calibre in nulliparæ under the like circumstances; but, even in child-bearing women, should the vagina be contracted and devoid of mucus, and, particularly, should it be inflamed and narrowed by spasm, this or any other instrument would meet with great obstruction, and inflict severe pain. If there be present, however, the relaxation attending a free cervical secretion, the examination will, in all cases, be greatly facilitated. Indeed, it is often possible, in virgins, to introduce, without rupturing the hymen, a speculum large enough to give a tolerable view of the diseased structures.

It is well to be provided with two or three specula, of varying diameters, and then the examination can be properly made in any case that may present itself. They ought to be of a uniform calibre, trumpet-shaped at their outer extremities, and, at their uterine, truncated at an angle of about thirty-five degrees.

Non-reflecting Specula.—The perfect reflecting surface of Fergusson's speculum is attained by coating a glass tube, of

the required shape, externally with silver, and over this with caoutchouc. Without this improvement, as in the simple glass, porcelain, metallic, or wooden tube, it is difficult to see anything clearly, unless a strong light, as that from the flame of a lamp, or the rays of the sun, be thrown upon the part exposed. Specula made of box-wood, ivory, or glass, and furnished with pistons, are sometimes used for the introduction of unguents and suppositories into the upper portion of the vagina. Those of wood, glass, or porcelain, from their resisting the action of chemicals, are to be selected, whenever corrosive substances are applied; and those of horn, from its being a non-conductor of heat, whenever the hot iron is employed.

Valvular Specula.—The valvular specula consist of two blades, like Ricord's and Cusco's; of three, like Segalas', or of four, like Charriere's. They are made of silver, or, if of some other metal, are galvanized with it, so as to afford a good reflecting surface, and are, excepting Cusco's, furnished with directors, to facilitate their introduction.

Ricord's and Charriere's Specula.—The speculum of Ricord or Charriere is introduced closed on its director, and then expanded by pressing its handles together. The director being removed, and the blades slowly and cautiously opened, the operator now attempts, by slightly shifting the uterine extremity of the instrument, or by the aid of the sound, hooked into the os tincæ, to bring the cervix well into view. If not promptly successful, he will be obliged to withdraw the speculum, and readjust it at a different angle. This procedure is necessitated by the pointed ends and the sharp edges of the blades not allowing much latitude of motion, without contusing or pinching the mucous membrane, and consequently inflicting great pain. In some cases, however, in which it is desirable to stretch open the mouth of the womb, and others, in which traction is required to dislodge the neck from its unnatural position, and draw it into the middle line of the pelvis, these instruments may afford facilities for attaining these objects, and rendering the examination in other respects more complete.

Cusco's Speculum.—The speculum of Cusco consists of two valves, like that of Ricord, but is so modified as to remedy its

chief defects, and secure certain advantages not otherwise attainable by a valvular instrument. The blades being enlarged at their points in such a way as to resemble, almost exactly, a duck's bill, will, by distending the upper portion of the vagina, put its walls on the stretch, draw the cervix down more in a line with the pelvic axis, steady the uterus in position, and thus facilitate the catheterism of the canal, the introduction of a tent, the use of the scarificator, the application of caustic, etc. Another peculiarity—one blade expanding and the other remaining stationary—has the effect to produce traction through the vaginal walls on one side of the neck only, and thus a movement downward in that direction. Hence it is readily perceived that this instrument will serve our purpose better than any other when the vagina is much dilated by frequent child-bearing, or relaxed by a copious mucous secretion, and especially when the cervix floats, as it were, in the pelvis, or holds a fixed abnormal position, as in anteversion. The construction of the blades preventing the employment of a director, and their closure offering a long, sharp edge, will render the introduction of this instrument painful, difficult, and even impracticable, unless the introitus vulvæ, as well as the vagina, be unusually dilated and relaxed.

Fig. 4.



Cusco's Speculum.

Fig. 5.

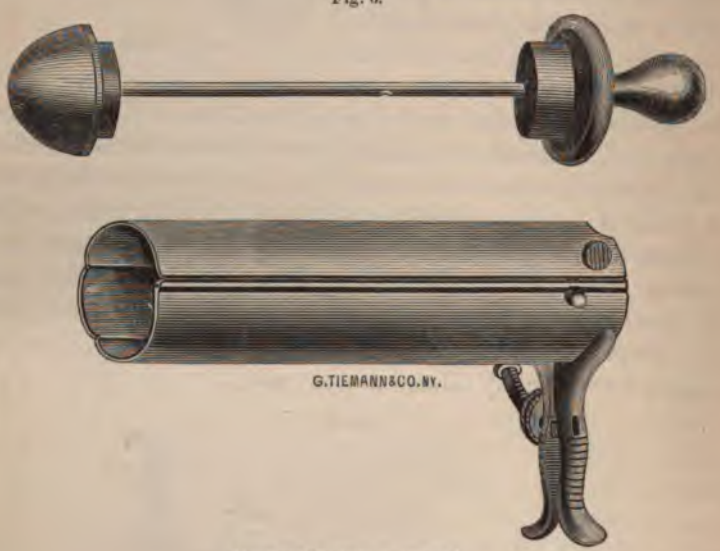


Segalas' Speculum, closed.

Segalas' Speculum.—The three-bladed speculum of Segalas opens equably its entire length, and is, when introduced, and its director removed, manipulated, in finding and exposing the cervix, like a simple tubular instrument, which now, to all intents and purposes, it really is.

The spasmodic constriction that is more or less present throughout the entire length of the vagina in the congestive states of its vascular layer, is, from the greater resistance offered by the sphincter muscle, more marked at the introitus. This resistance, which is aroused by the gentlest touch, is greatly intensified by the attempt to pass a Fergusson speculum of a size sufficient to answer the object in view, but by using Segalas', that is shaped, when closed on its director, like the smaller tubular ones, and has, when introduced and expanded, as can

Fig. 6.



Segalas' Speculum, opened.

be done with the production of slight pain, the calibre of the larger, the operator will secure a broader field of observation, and a more ample space for manipulation.

UTERINE SOUND.

The uterine sound is an instrument designed to extend the area of touch, and bring within its range the cavities that, shut in by the os uteri, are placed beyond the reach of the finger. An ordinary bougie will, for determining the size, direction, and angle of the cervical canal, the permeability of the inner and outer ora uteri, and similar purposes, answer sufficiently well, but it lacks, even when armed with a stylet, firmness and stability.

Fig. 7.



Uterine sound.

The sound, however, being made of metal, and furnished with a handle, that gives the operator a firm hold, will, as it maintains a fixed relation to the parts explored, indicate with precision the direction of its curve and the position of its point. The shaft, of about twelve inches in length, of the size of a crow's quill, and made of soft copper, to allow of bending; of pure silver, to secure flexibility, or of steel, to attain firmness, is fashioned as a simple rod, tipped with a small, knob-like enlargement, and graduated by a scale of inches and their fractions.

Use.—The sound, when of varying size, is sometimes employed as a dilator in cases of contraction of the os tincæ or inner cervix. It is, however, especially fitted to discover whether the canal leading to the uterine cavity proper is larger or smaller than normal, and whether it holds its true relation, or is diverted from its proper angle, bent on itself, or otherwise contorted. By the sound, also, the existence, location, and size of neoplastic growths, springing from the inner face of the womb, and the increased or diminished capacity of the true uterine cavity, are readily diagnosticated, when, by other means, such knowledge is scarcely attainable.

Abuse.—The range of judicious application of the sound, however, is much more restricted than is claimed by modern writers. Indeed, it scarcely admits of doubt, but that the enthusiastic recommendation of this instrument by Professor

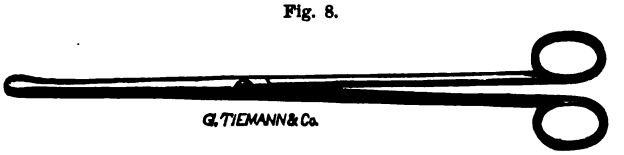
Simpson, as one of the chief agencies by which to attain a complete diagnosis, has added another to the many sources of suffering that afflict the female world. The bias for heroic and intermeddlesome modes of practice, together with the mental obliquity that is oblivious of the fact that mortals have flesh which may be wounded, and blood which may be spilled, has led the bold, whose rashness is never tempered with discretion, to the habitual employment of the sound in all cases, however simple. They thrust it through the os internum, sweep it around the uterine cavity, force it violently in various directions, and use it as a lever with the design of rectifying real or fancied versions and flexions. As a natural result of such violence, abortion, pelvic pain, uterine congestion, or even peritoneal or cellular inflammation, has, but too often, been the penalty. The boldness that led to this reckless style of practice naturally culminated in the stem-pessary, by which the uterus is impaled, and, for a certainty, prevented from falling downward, forward, or backward. Appliances like these might merit approval, and answer the indications, were the internal genitalia an inanimate mechanism, the various parts of which could, without hazard or detriment, be probed, pierced, propped up, and fixed in place by steel rods.

Rarely, in benign disease, is it necessary to pass the sound through the inner os, or explore with it the proper uterine cavity. Should, however, this procedure be required for the attainment of a more precise diagnosis, it must never be forgotten that this operation, though apparently a simple and innocent one, is fraught with danger, even if practised with the utmost caution and gentleness.

FORCEPS.

A pair of straight forceps ought to be provided, which have long handles and blades, like the bullet forceps, and which are

Fig. 8.



Uterine Forceps.

so made that they will not only serve every requirement in speculum operations, but be suitable for the torsion of polypi, and similar uses requiring a strong, inflexible instrument.

PROBES.

Delicate probes of different sizes, made of pure silver, furnished with small bulbs, or buttons, at their distal extremities,

Fig. 9.

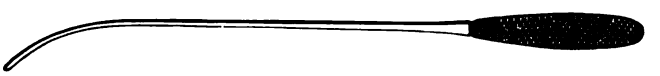


Lente's Probe.

and attached to handles, are employed for exploring the permeability of the os externum and inner cervix, and for dilating them when contracted. These instruments, from the flexibility of unalloyed silver, are, in a special manner, adapted for the performance of uterine catheterism, as they readily follow a bent or tortuous canal, that, to an unyielding instrument, is impassable. They are, also, from this property, as well as that of not being acted upon by chemicals, well adapted for the introduction of a medicated fluid into the cervical cavity.

A probe of hard rubber possesses nearly the same qualities as one of silver, and may, for most practical purposes, supply its

Fig. 10.

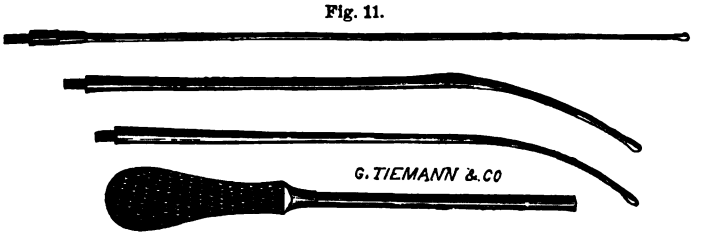


Budd's Probe.

place. It has the requisite flexibility and toughness, and is superior to any similar instrument, unless it be that of silver.

Pocket Sound and Probe.—The sound and probe, attached to a common stem and handle by means of a screw joint, form

Fig. 11.



Pocket Sound and Probe.

far more convenient, but scarcely less reliable, instruments than those usually employed. Occupying but little space, they can be readily carried in a small case with the speculum.

TENACULA.

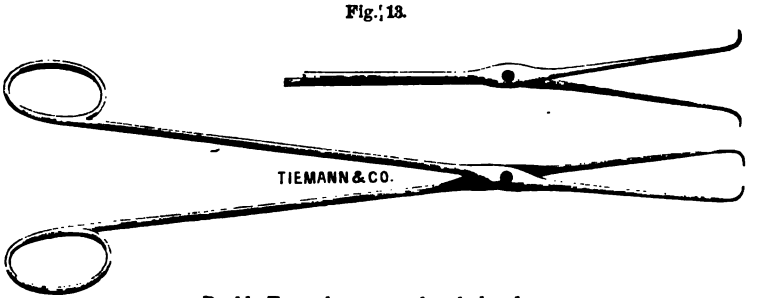
A tenaculum, single or double, may be required to bring the cervix into the extremity of the speculum, provided the sound fails to answer the purpose. The use, however, of this instrument should be avoided if possible, as the piercing of and the

Fig. 12.



Single Tenaculum.

Fig. 13.



Double Tenaculum, opened and closed.

traction on the labia uteri would, in cases of active congestion, tend to the aggravation of the disease already in existence.

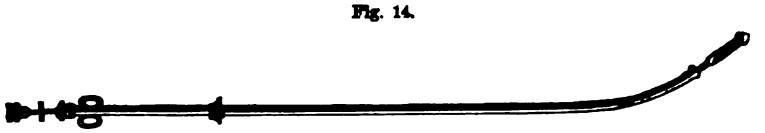
APPLICATION OF THE NITRATE OF SILVER.

The operator should be furnished with the nitrate of silver, both in the solid and fluid state. The chief difficulties encountered in making an application to the cervical cavity lie in its obliquity to the speculum, its narrowed, crooked course, or its contraction at its vaginal orifice. To overcome impediments, such as these, and facilitate the employment of the nitrate, even in the more simple cases, the staff of the caustic-holder ought, in order that it may be bent to suit any curve, to be made of pure silver or soft copper, and to render the application thorough and effectual, the extremity of the caustic-holder,

armed with the nitrate, ought to be small enough to readily enter the os uteri and reach the entire inner face of the neck.

Portes Caustiques.—Lallemand's porte caustique, or any similar contrivance, that the operator may select, will be suita-

Fig. 14.

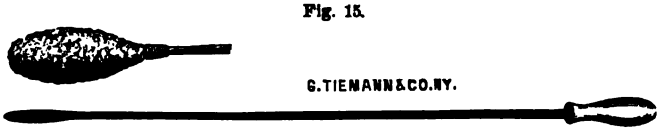


Lallemand's Porte Caustique.

ble and efficient; but, of all others, the most satisfactory instrument is the silver probe, which, when coated a half-inch or so at its point by dipping it in the melted nitrate, answers every purpose it is possible to have in view, as its flexibility insures adaptation to the canal, and its small size contact with every part. The fusion of the nitrate may be effected in a small platinum cup by the flame of a spirit-lamp. If the cup be wanting, a thick, green glass tube, like a miniature test-tube, or a porcelain cup, will supply its place.

Whenever an impression, slighter than would thus be attained, is desired, a solution of the nitrate in water should be employed. This solution, to prevent its decomposition by the light, is kept in bottles colored black, or covered with dark paper, and to insure its contact with the entire diseased surface, is applied by a rod of whalebone, armed at its point with a piece of fine

Fig. 15.



Whalebone Probang, armed and unarmed.

sponge, small enough to enter the os uteri, and made at its uterine extremity flexible enough to follow the route of the canal. The silver or rubber probe, however, improvised as a probang by wrapping a fine flake of cotton around and just above its bulb, is a clever device, one better fitted to carry a fluid into the cervical cavity.

It is necessary also to be furnished with cotton-wadding to

remove mucus, blood, or pus from the vagina; with oil, lard, or other unctuous substance to lubricate the instruments, and, in cold weather, with a dish of warm water, in which to place the speculum before its introduction.

PREPARATION OF PATIENT FOR SPECULUM EXAMINATION.

The patient may be examined on her left side, a position the writer often adopts in private practice, or on her back, a position that gives less trouble in arranging the preliminaries and adjusting the speculum, and greater freedom in practising the necessary manipulations.

English Posture.—In the English posture the patient, lightly dressed and reclining on her back near the edge of the bed, places her trunk at a right angle, almost, to her first position, and, at the same time, sliding her hips out and drawing her knees up, rocks herself forward upon the front part of the chest. Her person being now protected by a sheet or counterpane, the physician can, by elevating the uppermost knee and separating the nates, operate with as much ease and satisfaction as in any other position. The chief difficulty experienced is in the arrangement of the patient, so that the light will fall fairly into the speculum.

French Posture.—In the French posture the patient, lightly dressed, sits on the side of the bed, places each foot on a separate stool, and then lies down with her head on one or more pillows. A narrow sheet, thrown over each limb, completely shields her person from exposure during the operation.

An examination should be made in the presence of a third party—some married female—and by preference, on a clear, cloudless day, particularly when, as at the first visit, it is necessary to diagnosticate the nature of the disease. A window exposed to the glare of the sun, or shaded by trees or buildings, is to be avoided, and one chosen, if possible, with a northern exposure where the light would be clear and steady. The flame of a candle or lamp is inconvenient, and less calculated than daylight to give the observer a correct idea of the color, and other appearances of the cervical and vaginal mucous membranes.

INTRODUCTION OF SPECULUM IN THE MARRIED.

The mode of introducing the speculum in either posture is the same. With the left hand the labia majora and minora are separated by pressing its thumb and index finger on opposite sides of the vulva, and then with the right the prominent point of the speculum is firmly pressed within the sphincter, the perinæum is forcibly stretched backward, and the operation is slowly completed.

If spasm of the sphincter, or walls of the vagina offered resistance, the force employed, instead of being violent and intermittent, should be gentle and continuous, such as is used to overcome other strictures; and, if the obstruction were considerable, its seat should be discovered by looking into the speculum, that the proper direction to give its point might become apparent.

As the instrument on entering the introitus, and passing backward and upward, parts the mucous membrane before it, anteriorly and posteriorly, the eye must be kept on the evolving vaginal walls, in order to observe their condition and the nature and amount of any secretion that may be present, and also to recognize the cervix when it is reached. Since the mucous membrane of the vagina is rugous, and that of the cervix smooth, any portion of the latter falling into the field is easily detected.

On attaining this smooth surface, a gentle rotatory motion, or a slight change in the direction of the speculum will cause the neck to drop into its extremity. If any difficulty be encountered, it will be readily surmounted by making traction with the point of the sound inserted in the os uteri.

Should, however, the vaginal walls be much relaxed by repeated parturition, or a continuous mucous secretion, and particularly should they be both relaxed and prolapsed by the descent of the uterus, or of the uterus and bladder, great delay would be met with in finding the neck, as the pressure of the speculum thrusts it to one side and throws the body of the uterus into an abnormal position. Under these circumstances it is better partially to withdraw the instrument, and then, directing its point upward and backward, upward

and forward, or upward and laterally, watch the anterior and posterior walls of the vagina, as they are distended and unfolded. If the operator follow these carefully with the eye, and recollecting, that one side from stretching may be longer than the other, follow this when its fellow disappears from sight, the neck, at the confluence of the two, will most certainly be found. In all cases, such as these, the speculum should be as large as can, with any reasonable amount of force, be made to pass the sphincter, and then, the cervix being more nearly retained in its proper position by the distention of the vaginal walls, would fall, or at least could be drawn, into the field of vision.

In deviations of the uterus forward or backward, the cervix holds a fixed abnormal relation to the axis of the excavation. Under these circumstances, should hypertrophy and adhesions also exist, the difficulty in obtaining a full view of the os uteri would, in most instances, be very great. By the aid, however, of a large tubular speculum, which, on reaching the cervix, is elevated or depressed at its outer extremity according to the special requirements of each case, and by that of the sound, which, on being hooked into the os, is used as a tractor, the operator will usually be enabled to succeed in his object. Should he fail, then a trial of a valvular speculum, Cusco's more especially, might be made, which will in some instances, when manipulated as heretofore described, give him greater power over the displaced cervix.

In anteversion, pressure of the hand on the hypogastrium is of advantage, particularly when by the position on the back gravity is brought to our assistance. Now and then it will be found, on making the experiment, that greater space is afforded in the English posture for depressing the perinæum, and bringing the axis of the speculum more in a line with that of the uterus.

INTRODUCTION OF SPECULUM IN THE UNMARRIED.

In virgins an instrumental examination encounters a serious difficulty in the closure of the introitus vulvæ by the hymen. Nevertheless it is often possible, since the cases demanding local

treatment are almost universally attended with leucorrhœa, which relaxes this fold or diaphragm equally with the vaginal mucous membrane, to depress the crescentic border of the hymen, and introduce a small speculum without committing violence. If, however, the barrier presented by this membrane is insurmountable whilst its integrity is preserved, it may be ruptured by forcibly inserting the finger or speculum, or, this procedure not being readily carried into operation, it may be either divided by a pair of blunt-pointed scissors, or incised on a director with a probe-pointed bistoury.

TRUE STAND-POINT FOR THE PHYSICIAN.

Strange as it may seem, what is seen by the use of the speculum depends not so much on the eye, as the brain which appreciates. If the mind of the physician be preoccupied with the doctrines of Bennet, he will invariably discover the unmistakable evidences of chronic inflammation, ulceration, induration, and hypertrophy, structural changes requiring the most destructive agents for their removal; if by those of Robert Lee, he will, by the closest scrutiny, discover nothing but a slight abrasion of the epithelium, or a mild catarrh of the mucous membrane, conditions as trivial in import and common in occurrence as like states of the Schneiderian membrane, and as easily rectified by general remedies.

If, however, the physician take the true stand-point, and employ his eyes as in studying other objects, he will readily acquire a correct knowledge of the parts brought to view. Surely it is needless for others to inform him whether the vagina presents its normal appearance, or is inflamed, ulcerated, and filled with purulent matter; whether the cervix is congested, enlarged, and distorted, or inflamed, indurated, and hypertrophied; whether the os is contracted or expanded, or is rough and jagged or smooth and rounded, and whether the secretions are pellucid, viscid, and ropy like albumen, or yellow, thin, and creamy like pus. These several morbid changes, asserted by authors of opposing opinions to be found in womb-disease, permit an investigation as complete, and a differentiation as critical, as any

others of a like character transpiring on the external surface of the body.

A speculum examination in diseases of the genital organs renders the diagnosis complete and positive, which, from the general and local symptoms and the touch, was simply presumptive, or, at the most, only highly probable.

These three sources of knowledge—the only trustworthy means the hysterologist can command in the prosecution of his investigations—mutually aid and correct each other. This statement is especially true in regard to the sense of touch and of sight, the finger never acquiring skill unless the touch be educated by the sight, and the eye never being sure of its object unless the sight be educated by the touch.

CHAPTER III.

ANATOMY AND PHYSIOLOGY.

Anatomy of Mucous, of Erectile, of Muscular, and of Fibrous Coat of Vagina—Anatomy of Mucous Membrane, of Uterus, of Cervical Canal, and of Body of Uterus—Anatomy of Muscular Fibres, of Blood-Vessels, and of Nerves of Uterus—Physiology of Menstruation, of Pregnancy, and of Involution.

EVEN after a diagnosis has been made by the methods hitherto described, it will still be impossible to study uterine disease with advantage, until a thorough knowledge of the structure and function—the anatomy and physiology—of the organs affected, is acquired. Of necessity, the healthy condition must be known before departures from the normal standard can be appreciated. The uterus has a peculiar, special structure, fitting it for the offices of menstruation and gestation, is, until the age of puberty, rarely the subject of disease, unless from extraneous causes; and is, after the great climacteric in woman's life has passed, equally exempt, except in those cases in which the seeds of malignant formations or morbid growths were planted during the period of functional activity. Indeed, this epoch, intervening between the advent and decline of the menses, is the one within which the benign affections of the uterus are limited. During the menstrual act, the uterus, ovaries and vagina become the seat of a nervous and vascular influx, that results in a physiological congestion of these organs, a flow of blood from the ruptured corporeal capillaries, a free secretion of albuminous matter by the cervical follicles, and, as the writer thinks, an elimination of certain noxious principles from the circulation by the utricular glands. Each month a revolution regularly begins, and methodically reaches its climax and subsides, and then follows an interregnum—a state of quiescence—that is after an established interval interrupted by the next period, or ever and anon broken in upon by the fitful gusts of venereal excitement. Menstruation and animal desire induce a similar physiological congestion of the genita-

lia, a congestion that requires for its accomplishment a peculiar arrangement of nerves and blood-vessels.

What is noteworthy, a physiological congestion is inaugurated, and kept alive for a period of nine months by pregnancy, and is the occasion of a normal hypertrophy of the uterus. The concentration of nervous power and vascular activity, that was before intermittent, now becomes constant, increases each day, and eventually develops an organ weighing a few ounces into one of as many pounds, and of sufficient bulk to distend the abdomen several times beyond its ordinary dimensions. These astonishing transformations do not cease here, but on the delivery of the fœtus, either at the full time or at any intermediate period, this adventitious growth is by a retrograde process removed atom by atom, the uterus is restored to its former condition, and the menstrual function, that had thus been temporarily interrupted, is resumed. To accomplish evolutions such as these, and be the theatre, as the case may be, either of a periodic or a continuous normal congestion, the uterus, ovaries and vagina are endowed with a peculiar organization, and subjected to special physiological laws. These particulars, as far as necessary for the proper understanding of the subject before us, will now be investigated.

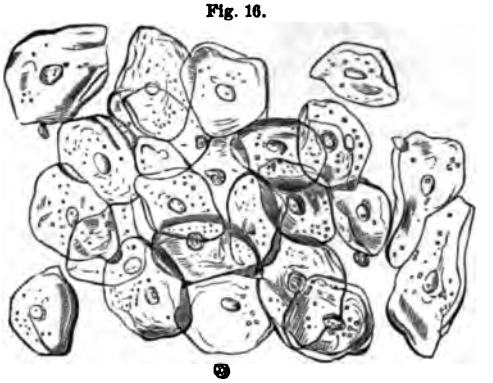
ANATOMY OF MUCOUS MEMBRANE OF VAGINA.

The genital mucous membrane is characterized by a dissimilarity of structure, secretion, and office, and presents three varieties, that of the vagina, that of the inner cervix, and that of the uterine cavity proper.

The vaginal mucous membrane is analogous to the skin in almost every respect. When everted and exposed to the air, as is observed in cases of procidentia, its epithelium becomes consolidated into a true cuticle, and, like the skin, but unlike other mucous membranes, its secretion has an acid reaction. On the nymphæ and inner face of the labia majora, sebaceous glands are found, that elaborate a thick, cheesy, and odorous secretion; and on the vestibulum, around the ostium vaginæ, and particularly in the neighborhood of the meatus urinarius, are situated numerous mucous follicles. These follicles are also dispersed,

though sparingly, in the lower third, but disappear almost completely in the upper two thirds of the vagina; at least the most practised microscopists—Tyler Smith, Kölliker, Virchow—have failed, after diligent search, to find them, in any number, in the latter locality. The mucous membrane lining the vagina, and thence reflected over the external aspect of the uterine neck, has the same character throughout—is deficient in or destitute of mucous follicles, except as before mentioned at its inferior segment, has an acid secretion, and is covered with pavement epithelium. The vaginal portion of this membrane contains innumerable papillæ or villi, formed by the looping of capillaries on themselves, that arising from the next layer beneath, the erectile, project on the free surface in velvety prominences. These at their most superficial points are covered merely by epithelial layers, that are in a constant state of desquamation and renewal. The papillæ being a part of the vascular structure of the vagina, and receiving their vessels from the erectile coat, are with it distended during menstruation and sexual excitement; but it remains to be demonstrated, that they are also endowed with tactile functions, or connected in any way with painful or pleasurable emotions. Although microscopists fail to trace any nervous fibrils entering these papillæ with the vascular loops, yet, as other papillæ, possessed of sensibility, have not been found, these are probably both the vascular and tactile organs of the vagina. In proof it may be

Fig. 16.



Pavement Epithelium covering the vagina and outer cervix—240 diameters.—Tyler Smith.

Fig. 17.



Villi of the Vagina—T. M. Kilian.

alleged that their congestion and inflammation in chronic vaginitis, as is demonstrated by the speculum, cause the most distressing, poignant sufferings to which the female sex is liable.

ANATOMY OF ERECTILE COAT OF VAGINA.

External to the mucous is the erectile coat, which blending inextricably by numerous ramifications of its blood-vessels with the mucous within and the muscular without, and consisting simply of a network of veins and arteries, more especially the former embedded in connective tissue, forms a vascular web that surrounds the vagina and vulvar orifice, and inosculates with similar veins and arteries in the middle layers of the uterus. These convoluted and interlaced vessels are sparsely distributed around the upper portion of the vagina, but more liberally as the outlet is approached, until at the introitus, at its lateral margins, and around the clitoris, masses of veins are accumulated into large plexuses-bulbi vestibuli, and pars intermedia.

Fig. 18.



1. Vena Dorsalis. 2. Glans Clitoridis. 3. Crus Clitoridis. 4. Meatus Urinarius. 5. Bulbus Vestibuli. 6. Vulvo-vaginal Gland.–Tyler Smith.

This erectile coat, resembling the corpora cavernosa penis in structure and function, is in a like manner distended by the venereal orgasm, and in extreme cases of benign disease, becomes the seat of a chronic stasis of blood, a state analogous to priapism.

ANATOMY OF MUSCULAR COAT OF VAGINA.

External to the erectile coat of the vagina is the muscular. This is formed of embryonic fibre-cells—hibernating germs, so to speak, waiting to be awakened into life—that, invisible to the unaided eye in ordinary conditions, are by the stimulus of pregnancy, the growth of uterine polypi, tumors, etc., or the existence of chronic congestion in its severer forms, developed into smooth, non-striated muscular tissue.

ANATOMY OF FIBROUS COAT OF VAGINA.

The fibrous coat of the vagina consists of condensed areolar tissue, blended with numerous fibres of the elastic kind. It is dense and resisting, forming the proper sheath of the vagina and the means of attachment to the surrounding organs.

ANATOMY OF MUCOUS MEMBRANE OF UTERUS.

The mucous membrane of the internal face of the uterus has little resemblance to that of the vagina—as little as the gastric has to the œsophageal—neither does it, even within the uterine cavity, retain a uniform character, that of the body being possessed of a structure and function totally dissimilar to that of the cervix. Indeed it was formerly a question, whether or not the inner surface of the uterus proper possessed a true mucous tissue. The fact is, however, easily demonstrated in the earlier periods of utero-gestation, at which time this membrane, equally with the uterus, undergoes a physiological hypertrophy.

ANATOMY OF MUCOUS MEMBRANE OF CERVICAL CANAL.

The cervical canal extending from the external or vaginal os to the internal or uterine, and being in the virgin uterus from one and a quarter to one and a half inches in length, is furnished with a mucous membrane, arranged in such a manner by being doubled on itself and disposed in transverse and oblique lines, as to secure a large free surface in a small space. The reduplications thus formed are divided anteriorly and posteriorly in the median line by deep, longitudinal sulci or grooves, and also midway on each side, but less markedly. These folds, leaves, plaits, or rugæ, termed variously from their appear-

Fig. 19.



Cavity of the virgin cervix uteri laid open. Natural size.—TYLER SMITH.

Fig. 20.



Ciliated cylinder epithelium from the canal of the cervix uteri—420 diameters.—TYLER SMITH.

ance arbor vitæ, palmæ plicatæ, plicæ palmatæ, are subdivided and re-subdivided by smaller ones running in all directions. Thus an extended field is secured for the cervical muciparous follicles, that according to the estimate of Tyler Smith are not less than ten thousand in number. This statement, incredible as it seems, will give us but an imperfect idea of the nature and office of these follicles, unless their structure and secretion be examined. In fact, they are not simple mucous crypts, like those disseminated so universally on other open cavities of the body; but an infinite series of glands, elaborating as a secretion a highly organized product, that resembles almost exactly the albumen of eggs. The only difference, not an essential one, is this—other glands discharge by a common duct, whereas these have a mouth for each little member of a lobule. The cervical follicles are single or conglomerate, and dipping deeply into the neck

Fig. 21.



Villi of the canal of the inner cervix, covered by cylindrical epithelium, and containing looped blood-vessels—100 diameters. —TYLER SMITH.

Fig. 22.

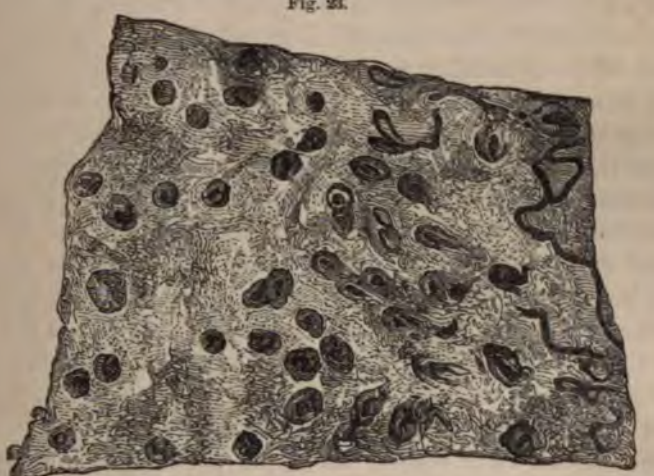


Villi of os uteri covered with pavement epithelium, and containing looped blood-vessels—220 diameters.—TYLER SMITH.

sometimes penetrate nearly half through its substance. The cervical cavity always furnishes an alkaline secretion, is covered with ciliated, cylinder epithelium, except just within the lips of the os, where the cilia are absent, and is provided at its lower third or half with villi three or four times as large as those on the vaginal surface of the neck.

The vaginal os uteri, in those who have never been pregnant,

Fig. 23.



Villi of the os uteri seen through the epithelial layer. On the left the villi resemble mucous follicles; on the right they are seen with the terminations of the vascular loops, the epithelium being partly removed—60 diameters.—TYLER SMITH.

Fig. 24.



Villi of os and cervix uteri from which the epithelium has been removed by maceration. —Doctor Hassall.

should be of a size sufficient to admit with ease the extremity of an ordinary uterine sound, and appear to the eye as a perfectly round opening. To the touch, however, the os has the feel of a small transverse slit like that formed by the lateral halves of the cartilage at the tip of the nose, whence it derives the name, os tincæ—the mouth of a fish. The anterior and posterior walls of the neck falling together, so as partially to close the space between them, present the dense tissue beneath the mucous membrane in crescentic lines around the opening, and thus impart this peculiar sensation to the finger. The cervical cavity expands in all directions, laterally more especially; but at its upper portion its walls gradually come together, and are for some little space in close apposition. At the point of their coalescence, that with strictness does not merit the name, internal os uteri as it is called, the mucous membrane has less elaborate folds, fewer follicles, and no papillæ; and hence in health or disease the upper part of the inner cervix has less secretion and vascularity than the lower.

This apposition of the walls and over-lapping of the mucous

membrane obstruct, if they do not prevent, the introduction of the sound. In truth, this instrument in the normal state of the non-gravid uterus is rarely, with any proper degree of force, passed through the inner os; and it is only in certain diseases, which cause relaxation and expansion, that this simple operation is easily performed.

ANATOMY OF MUCOUS MEMBRANE OF BODY OF UTERUS.

The mucous membrane of the proper uterine cavity has a reddish-white color, is covered with ciliated, cylindrical epithelium, and united intimately, without the interposition of areolar tissue, with the subjacent muscular structure, so intimately that the line of demarcation is not discoverable. Its substance is chiefly made up of glands called utricular, uterine or tubular, that closely packed together penetrate its entire thickness, and open on its free surface. These glands, single or furcated tubes, do not elaborate a secretion under ordinary circumstances, but only contain a grayish-white, substance, the *débris* of the epithelium lining their cavities.

ANATOMY OF MUSCULAR FIBRES OF UTERUS.

The muscular coat of the uterus is composed of outer, middle, and inner layers of fibres. The first and third are arranged mostly in a longitudinal and transverse direction; but the second is interwoven loosely in no fixed order, and contains large blood-vessels, especially veins. Well-developed circular fibres surround the external os and form a true sphincter. This embryonic hollow muscle, which in the non-gravid state is hard and resisting under the knife, and answers to the character and appearance of a fibro-cellular structure, is formed of connective tissue, in which is interspersed a great number of fibre-cells, that, under the physiological stimulus of pregnancy, are developed into involuntary, non-striated muscular fibres.

ANATOMY OF BLOOD-VESSELS OF UTERUS.

The blood-vessels of the uterus are so formed as to retard the onward currents, and under stimulation, whether physiolo-

gical or pathological, allow and even favor a stasis of blood. This is effected by the serpentine convolutions and frequent anastomoses of the arteries, and by the dilatation of the veins into large canals, that are destitute of valves, and possessed of an inner coat only. In venereal excitement, the uterus, fallopian tubes, vagina, vulvar orifice, and clitoris possess, through the quantity of blood drawn to them, erectile properties, thus repeating in the female the type found in the male.

The uterine arteries form papillæ on the intra-vaginal mucous membrane of the neck, which papillæ, from the cervical structure being dense and not readily allowing an increased circulation, like the rugæ of the canal, or the loose tissue of the vagina, are but seldom perceptible, even in an unhealthy state of the part.

ANATOMY OF NERVES OF UTERUS.

The minute anatomy of the nerves of the uterus is a knotty, and well-nigh inextricable subject. Minute dissections and microscopical examinations prove one thing in the hands of Robert Lee, and the opposite in those of Snow Beck. M. Jobert proves, as he thinks, that the intra-vaginal portion of the neck is destitute of spinal nerves; and M. Bouillaud, by more recent investigations, that the conclusions of M. Jobert are fallacious.

The sympathetic or organic nervous system supplies almost exclusively, the generative organs, whence arise the innumerable, persistent, and grave secondary disorders begotten by chronic uterine disease. The ovaries and fundus uteri receive these nerves from the ovarian plexus—the spermatic in the male—and the corpus and cervix from the hypogastric plexus, that, likewise, supplies the other pelvic organs—vagina, rectum, and bladder. This distribution explains the intimate relationship existing between the pelvic organs, and the sympathetic disturbance awakened in one by disease of another.

Nerves from the spinal system are but sparingly furnished to the internal genitalia. Branches from the sacral plexus, which is formed by the last lumbar and the first three sacral nerves, join the hypogastric and are distributed with it.

The neck of the uterus, in the normal condition, is insentient, or nearly so, and hence it may be cut and burned with slight suffering to the patient; but, in diseased states of some standing, it is oftentimes acutely alive to an irritant—the knife or caustics causing the greatest agony, and even a mere touch giving a dart of pain. As nerves of sensation must be supposed to exist in a part that is the seat of pain, and as the assumption of their formation *de novo*, as a result of morbid action, is not warrantable, the conclusion is forced upon us, that tactile nerve-fibres are present in the neck, in its normal state, although our imperfect means of investigation fail to make the fact evident beyond cavil.

That nerves of motion, as well as of sensation, are also present, is conclusively shown by certain vital phenomena. Irritation of the cervical cavity by distention as from the presence of a sponge tent, or by stimulation, as from the introduction of the nitrate of silver, induces contraction, that extending from the neck to the body, is prone in the gravid state to excite true labor pains.

PHYSIOLOGY OF MENSTRUATION.

In the act of menstruation, the vital status of the internal genitalia is highly exalted; inasmuch as these organs now become the centre of an active, nervous, and vascular afflux, that induces a physiological congestion, and culminates in the rupture of the minute capillaries of the proper uterine mucous membrane. The uterus, ovaries, and fallopian tubes are engorged to such a degree, that the uterus is augmented in bulk and weight one half or more, and its mucous membrane, turgid and expanded, is thrown up into folds. By a speculum examination, the vagina is found to be tender, irritable, and of a deeper tint, from an increased amount of blood in its erectile coat, the neck to have a bright arterial blush, just before and at the commencement of the catamenia, and a deeper red, approaching a brick-red color, near their close, or following their cessation, and the cervical canal to furnish a free glandular secretion, which, always albuminous of itself, is at the climax of a period, mixed with the blood-globules, that flow from the body of the womb.

With the menses most females have a peculiar array of local symptoms—pelvic pressure and weight, frequent micturition, weakness, or positive pain in the lumbo-sacral region and through the loins, etc., etc.—and also of general symptoms—nervous irritability, capriciousness of temper, ill-defined feelings of discomfort, disturbance of the gastro-intestinal functions, darting pains in the breasts, etc., etc. These symptoms, so nearly akin to those present in the milder forms of benign disease, are dissipated by the natural hæmorrhage, that unloads the congested vessels.

PHYSIOLOGY OF PREGNANCY.

The physiological changes, that transpire in the uterus during pregnancy, are remarkable, and not explicable by or analogous to any observed in other organs of the body. At one time there

Fig. 25.



Section of the proper uterine cavity at the commencement of pregnancy; *a a*, cavity of uterus; *d d d*, utricular glands.—Weber.

is, so to speak, a hibernating life of the uterus—germ-fibres, arteries, veins, and nerves being wrapped in a sleep and an inertia that are undisturbed, except periodically by the monthly molimen, or fitfully by the gusts of animal passion; at another,

Fig. 26.



A uterine gland from a primipara, eight days after conception.—Kölliker.



Fig. 27.

Muscular elements of the pregnant uterus: *a*, formation cells of the muscular fibres; *b*, advancing and *c*, developed fibre-cell. The above are from the uterus at the fifth month; the remaining figures are from the six months' pregnant organ. *a*, muscular fibre-cell; *b*, the middle part of the same after treatment with acetic acid, presenting the semblance of an envelope; *c*, nucleus of the fibre-cell.—KÖLLIKER.

when the seed takes root in the soil, the bonds of winter are broken, and the most intense vital activity is awakened—germ-fibres springing up into muscular tissue, arteries thrilling with the rush of the vital juices, and veins becoming grooved into vast conduits for the retention of the plastic elements necessary to the development of the uterus, and nourishment of the embryo.

By conception, the uterus takes on and attains to an incredible degree of enlargement. In its virgin state, according to calculations made by Levret, the uterus has a superficies of sixteen inches, and a capacity of about three fourths of a cubic inch, whilst, at the completion of utero-gestation, it has a superficies of thirteen hundred and thirty-nine inches, and a capacity of four hundred cubic inches!!

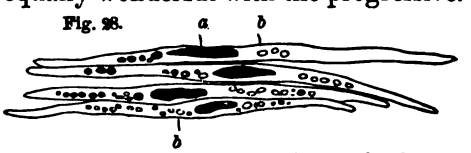
To accomplish this astounding transformation, the internal genitalia, by the *vis a fronte*, or a force seated in the tissues that solicits the blood to them, become the *dépôt* of a vastly increased supply through the arteries. By this stimulus, and a quick-

ened nerve power, all the uterine structures start into life, and commence a rapid development. The mucous membrane is hypertrophied; the tubular glands are enlarged and filled with a secretion for the sustenance of the plant-like conception, that sends its radicals into their cavities; the arteries become larger and more convoluted; the veins attain a greater capacity, and expand into sinuses that often admit the point of the little finger, and the germ-cells present, and others newly formed, grow into strong, muscular fibres; so that at the completion of pregnancy, the uterus is not only the most vascular organ, but also the most powerful muscle in the body.

PHYSIOLOGY OF INVOLUTION.

On delivery taking place, the vital forces institute and perfect a retrograde movement, equally wonderful with the progressive. The blood-flow slackens; the nerve-force retreats; the arteries and veins recede within their original lines, and the muscular fibres melt away by fatty degeneration, and leave not a trace of their previous existence other than fibre-cells, that will, at the summons of the talismanic power of the male germ, reawaken the same mysterious phenomena. In the pregnant uterus the lymphatics are extremely large and numerous, and are the chief agents in the pulling down of this domicile of the fœtus, and the removal of the *débris* into the general circulation.

Fig. 28.



Muscular fibre-cells of the uterus, three weeks after parturition; *a*, their muscles; *b*, fat-granules in their interior —magnified 350 times.—KÖLLIKER.

CHAPTER IV.

PATHOLOGY AND ÆTIOLOGY.

Pathological Doctrines of the older Writers, of Doctor Tilt, of Doctor Bennet, of Professor Meigs, of Professor Scanzoni, of Doctor Tyler Smith, of the Author—Cases I.–XIII. complete—Synopsis of the Author's Pathology and Ætiology—Existence of Congestion and Non-Existence of Inflammation—Modus Operandi of Morbid Actions, in Multiparous Uterus, in Nulliparous Uterus—Classification, Classes I.–VII.

THE opinions of the writer in regard to the intimate nature and the remote causation of the diseases of the uterus, and the modes of practice the best suited to subdue these diseases or mitigate their more distressing symptoms, being acquired by personal observation of the sick, and actual trial of various plans of treatment, under the guidance of whatever light was derivable from a study of the parts implicated, it would seem proper to pause at this point, give the clinical record, and then, with the data, the basis of the argument before the reader, speak of those topics that naturally follow as deductions. As, however, the histories of the cases will be more readily appreciated by stating my deductions before my premises, I shall in part reverse this natural order, and proceed in this connection to investigate the pathology and ætiology of uterine disease.

To the best of my knowledge, the true nature, the secret spring, the fountain-head, the remote morbid element, in other words, the pathology of uterine disease in the living subject, remains as yet unstated; whence arise the distrust and dissatisfaction felt by practical men in regard to this whole subject, the slight confidence reposed in the doctrines of any and all writers on Hysterology, and the slender hopes entertained of attaining favorable results, much less of effecting permanent cures.

PATHOLOGICAL DOCTRINES OF THE OLDER WRITERS.

It is not perhaps worth the while to cumber these paged with the pathological opinions promulgated in the older stan-

dard works, or those of a later date by aged professors, who are oblivious to the fact that the doctrines taught by them for some thirty or forty years are obsolete, and proven long since the " airy creatures of the brain." Such writers, however venerable for their years and acquirements, who have not studied uterine disease by the light of modern science, and, above all, have not employed the only means—sight and touch—by which the true pathology can be mastered, have no greater right to speak authoritatively on this subject, than Cullen has on the differential diagnosis of chest affections. What is more, it is the height of folly for those, who have only casually in the later years of their practice resorted to physical explorations, to bring forward their experience as conclusive and final, when a life-long bias and settled opinions have barred the door to knowledge. To auditors such as these, the genius of Harvey failed to demonstrate the circulation of the blood.

Authors of this class follow a nosological classification, that elevates symptoms into the rank of diseases—neuralgia, anæmia, gastralgia, anorexia, constipation, leucorrhœa, dysmenorrhœa, amenorrhœa, menorrhagia, pruritus, hysteralgia, etc., etc.—and vainly imagine that a complete diagnosis is made, and an efficacious treatment instituted, when one or more of the conditions, just mentioned, are discovered and a recognized remedy prescribed. It is claimed that those cases in which the uterus is implicated are exceptional, and that a disease of this organ, even when present, is always secondary to some constitutional or local disorder, or at least to some form of displacement, as version, flexion, or prolapsus.

These opinions, derived from assumed facts, and confirmed by a false experience, are not substantiated by the slightest actual proof. Indeed, the arguments presented challenge assent mainly by the weight of authority, and the question is decided by the *ipse dixit* of writers.

Inasmuch as my opportunities for observation have been somewhat extended, I am emboldened to assert that a confirmed case of womb-disease was never radically cured by general remedies alone; and more than this, that the symptoms, even, were never permanently relieved by the whole force of the

armamentarium medicum. If this result has been attained, it is more than has ever come to my knowledge, and more than my efforts have brought about, though persistently directed to this end. Hence the conclusion is forced upon my mind, that uterine disease is not secondary, but primary—is not the effect, but the cause of the constitutional disorders.

PATHOLOGICAL DOCTRINES OF DOCTOR TILT.

Several years since, Doctor Tilt of London published a work, in which he attempted to show that uterine disease is always a result of ovaritis, and is only curable by remedies directed to this latter condition. It was a novelty in morbid anatomy of his discovering, that organs with a dense fibrous covering could be inflamed without the accompaniments of fever, intense pain and profound constitutional disturbance; and that this inflammation might progress for years, and not destroy life by changes of structure, or the formation of purulent deposits. Since, however, this author has recently abandoned the ovarian theory, and adopted without reservation the opinions of Doctor Bennet, it is not incumbent on me further to discuss doctrines, that fail to stand the test of time, even with their originator.

PATHOLOGICAL DOCTRINES OF DOCTOR BENNET.

Doctor Bennet of London asserts that the neck of the uterus is very vascular, much more so than the body, and that it is destitute of cellular tissue, unless of a rudimentary character—anatomical peculiarities, it is alleged, accounting for the freedom of the body from disease, the frequency and persistency of cervical inflammation, and its termination in induration and hypertrophy, but not in suppuration and destruction of tissue. He maintains that uterine disease is a local inflammation, which, attacking the mucous membrane of the os externum and cervical canal, extends, as the disease assumes greater severity, to the substance of the neck, and there results in the effusion of lymph, the formation of an ulcer on the free surface of the os, neck, or canal, and eventually in the supervention of chronic induration and hypertrophy. The follicles of the canal secrete muco-purulent matter, and the ulcerated surface pus. This ul-

ceration, inflammatory in nature, and indisposed to cicatrize, constantly renews and indefinitely perpetuates the morbid action going on in the substance of the neck, and, *vice versa*, this morbid action intensifies the ulcerative process, and renders it still more obstinate and rebellious.

The indications derived from these pathological doctrines are, by the application of the more potent caustics to the intra-vaginal portion of the cervix and its cavity, to awaken a new action, destroy the ulcerated surface, melt down the induration, and disperse the hypertrophy.

It is well known that inflammation of the uterus, so frequently presented after labor to the notice of the physician, is most alarming, is attended with marked constitutional symptoms, and ends speedily in recovery or death. Should the issue be unfortunate, a change of structure and the presence of pus attest the severity of the complaint. But, according to this authority, there exists in womb-disease a chronic inflammation, that continuing often for years, does not run into suppuration and the destruction of tissue, but shows itself in superficial ulceration and chronic inflammatory induration and hypertrophy.

The patient all this while is suffering merely from certain local and general symptoms, which, though distressing, may not prevent her from mingling in society, or doing perhaps the work of a large family. An inflammation, such as this, has no parallel in other organs, and is unknown to the general pathologist.

The facts, as developed by the cases detailed in the following pages, are these—ulceration and induration of the cervix, or a secretion of pus by the Nabothean glands has no existence in benign affections of the uterus, unless induced by unjustifiable modes of practice. Indeed, whenever an autopsy of one dying suddenly from other causes, whilst suffering from uterine disease, has been made by any observer whomsoever, structural changes were never found; but only an increased bulk of the uterus, enlargement of the uterine veins, and abrasion of the mucous membrane.

Hence I am thoroughly convinced, though formerly accepting

and following the teachings of Doctor Bennet, that there is not the slightest basis for this pretentious scheme of pathology and therapeutics, that is supported by observations which prejudge the facts, and conjure up distorted images to the eye, and by an experience which is vain, illusory, and false. At least, since employing my own senses instead of trusting to another's, I have never seen pus issuing from the os uteri, or a surface answering to an ulcer on or in the neck, or a tissue having density enough to merit the title of induration. There must be some terrible mistake in this whole matter; terrible, when it leads the physician unnecessarily to thrust a hot iron into a cavity of the body, or eat away a portion of an organ by destructive escharotics; terrible, when it inflicts suffering without an equivalent, and produces genuine ulcerations, indurations, and cicatrices; and truly terrible, when this supposititious inflammation becomes the parent of a family of new diseases—pelvic hæmatocele, pelvic cellulitis, etc., etc.

PATHOLOGICAL DOCTRINES OF PROFESSOR MEIGS.

In the discursive, unprecise, and imaginative treatise of Professor Meigs, whose experience is "immense" and success remarkable, as "hundreds of cases" were cured with slight trouble by the "antiphlogistic touch," it is impossible to discover what are the exact views of the author, as to the pathology of this class of diseases. He states, that there is a "*framboisée* inflammation" of the "*corpus mucosum*" of the os uteri, producing "drusy or tubercular eminences" in the form of a "soft *molluscum*;" that this "*molluscum*" arises from the debilitated capillaries of the affected part losing the support and protection of the epithelium, which is very thin and delicate, but not completely detached; that there is hypertrophy of the neck, from the natural tendency of the uterine tissues to be developed under the stimulus of an increased flow of blood, and that ulceration is never present, or the other frightful changes of structure, portrayed by Doctor Bennet. The treatment recommended consists in "planishing" down this elevated and spongy surface with the nitrate of silver by a touch so regulated as not to destroy the delicate epithelium still present, but strengthen and harden

it. The epithelium being thus reformed, the mucous membrane returns to its normal state, the capillaries receive their due support, and consequently the disease is cured.

After giving expression to these views, the author asserts that prolapse of the uterus is the fruitful parent of the numerous progeny of ills to which the female is subjected, and exists in seventy-five *per cent* at least of all uterine cases—a statement incongruous with the pathology and treatment laid down in the first part of his work.

PATHOLOGICAL DOCTRINES OF PROFESSOR SCANZONI.

In Scanzoni's Treatise on Female Diseases, a work enriched by direct personal observation, and the results of a large experience, the increased vascular condition of the internal genitalia, when uterine disease exists, is recognized, and, in the main, judicious directions given for the topical loss of blood; but the peculiar structure and function determining and perpetuating this hyperæmia, are not investigated, and hence, the anatomy and physiology of the parts concerned being neglected, the true pathology is not attained.

It is stated that uterine disease consists of an inflammation affecting sometimes the uterus proper, when hypertrophy is produced, but more frequently its lining membrane, when a change of structure follows, and mucus and pus are secreted in great abundance. If the disease commence in the neck, as is most frequently the case, it will, at its inception, and always in its simpler forms be a mere erosion of the mucous membrane of the os uteri, with or without a catarrhal inflammation of the cervical canal; but at a more advanced stage, this erosion will become an ulcer, that like any other secretes pus, destroys tissue, and produces fungous granulations. The erosion may of itself originate inflammation in the neck and body of the uterus, and thus be the occasion of metritris and endometritis.

Repeated applications of the stronger caustics are deemed indispensable for the cure of ulceration and its concomitants; but should the muscular structure or mucous membrane of the uterus proper be attacked, leeches are recommended.

PATHOLOGICAL DOCTRINES OF DOCTOR TYLER SMITH.

The views of those advocating the constitutional and those the local origin of womb-disease being conflicting, Tyler Smith has, by going to the open page of Nature for a knowledge of the minute anatomy of the uterine organs, and by deducing from the microscopic structure and the function of the parts involved his pathology and treatment, set an example worthy of all imitation.

As the peculiarities of formation, and the special office to be subserved by each organ become better understood, the departures from the normal standard, constituting disease, are more readily appreciated.

His elaborate and minute microscopic examinations, confirmed as they are by observation and clinical experience, I consider to be the most invaluable contribution ever made to Hysterology, since they afford the anatomical and physiological facts, by which the mystery hitherto shrouding the benign affections of the uterus can be solved.

He states that uterine disease consists of a highly vascular condition of the cervical mucous membrane, that occasions a constant instead of an intermittent secretion from the glands. This secretion, normally attending the courses, but absent during the inter-menstrual periods, is, from its alkaline nature, irritating to the os uteri, and causes a loss of epithelium, inasmuch as the mucous membrane in this locality has an acid secretion and terminates a mucous canal. He considers that the os uteri is the termination of the genital mucous membrane, as, like the skin, the vagina and vaginal surface of the neck are covered with pavement epithelium, and have an acid secretion. In like manner, discharges from the nose, ears, or rectum are prone to cause erosion at the point where the mucous and cutaneous tissues are blended. These erosions on the os uteri, frequently covered by enlarged papillæ, arise simply from a loss of epithelium, and rarely extend deeply enough for the destruction of the mucous membrane. Hypertrophy of the cervix is caused either by a serous effusion into its substance, or a varicose state of its blood-vessels.

The stomach is not digested by the gastric juice, the bladder inflamed by the urine, or the rectum, nares, or meatus urinarius irritated by a normal discharge; and it is not to be supposed that the secretion formed by a part will erode its tissue, or the canal over which it naturally flows to reach the external surface of the body.

Doctor Smith relies mainly on the constitutional treatment, and discarding all the severe local means advocated by Doctor Bennet, advises the employment of injections, and the application of the nitrate of silver to the abrasion and the cavity of the cervical canal.

PATHOLOGICAL DOCTRINES OF THE AUTHOR.

The pathology and ætiology of womb-disease are intimately blended, and have, from the peculiar anatomical structure and the special physiological functions of the parts implicated, an individual character. There is in the life of the human female a certain average period, during which it is necessary to her health that the menses should, unless interrupted by pregnancy, return at a stated interval. To this period intervening between the inception and decline of the menses, uterine disease in the writer's experience is limited, it neither originating before the age of puberty, nor continuing after the menopause. In young girls and aged females, the uterine organs are not in a state of vital activity; but during the menstrual life, the net-work of arteries and veins—uterine, cervical, and vaginal—become distended with blood, temporarily by erotic passion and the act of menstruation, but continuously by conception for the term of nine months, or until the womb is freed from its burden. Here in the last example is a physiological congestion, unique and unparalleled, and so active in kind and of such magnitude, that any organs other than the uterine would in a few days be hopelessly damaged thereby.

The structure and function of the internal genitalia dispel the darkness obscuring uterine pathology, indicate the point of departure of the normal into the abnormal, the direction of morbid action when incited, and the probable effect of an increased vascular and nervous supply to structures capable of

the physiological congestion and hypertrophy, observed in pregnancy. A like fulness of the vessels, and a like exaltation of the nerves, but of a continuous character, is the pathological condition in all cases of womb-disease; and the necessity for menstruation, and the extensive web of blood-vessels in the middle coat of the uterus, the rugæ of the cervix, and the erectile coat of the vagina, is the remote causation.

That there is congestion, and not inflammation, is proven by the puffy and elastic feel of the neck, by its slight increase in temperature, by the trivial pain caused by an examination, by the augmented bulk of the uterus, greater often by two, three, or four times than during menstruation, by the congested appearance of the os tincæ, as seen by the speculum, by the persistency of uterine disease for years with little or no variation, by the restoration of the uterus to its normal state by local depletion, and by the absence, in all cases examined after death, of structural changes, inflammatory products, or ulcerative lesions.

Having met with inflammation of the non-gravid uterus in one instance, I am enabled to illustrate the gravity of this disease by the history of the following case:

CASE I.

Suppression of Menses; Uterine Inflammation; Abscess; Recovery.

In April, 1854, I was called to visit Mrs. M——, an American lady of this city, forty years of age, whose catamenia had been several months irregular in recurrence and variable in quantity; a condition due apparently to the approaching decline of the menstrual function. For several years she had, on the right side, a femoral hernia, which originating during one of her labors, was poorly retained within the abdominal cavity by an ill-fitting truss. The intestine, which had been irreducible by her efforts for several days, was sensitive to the touch, and the centre of irradiating, lancinating pains. There was considerable sympathetic disturbance — loss of appetite, tympanitis, nausea, nervous irritability, a quickened though soft

pulse, and a proneness to perspiration, with increased heat of the surface, but no active febrile movement. There was tenderness over the hernial protrusion, and at the right iliac region; but there was neither tenderness nor hardness observable at other parts of the abdomen. On careful inquiry, no symptom pointing to the uterus as the seat of disease, was discoverable; excepting the fact that, some two weeks before, the patient had wet her feet during the monthly flow, which was suddenly checked. After this occurrence, she began to be troubled with flatulence and colicky pains, that seemed to centre around and above Poupart's ligament on the right side. Here the pain and soreness became seated, and were the chief subject of complaint. On reducing the intestine, as was readily done, it was found to protrude again, though the patient did not rise from her bed. The truss, which she had been striving to wear, being useless,a new one, that answered its purpose effectually, was, after several days' delay procured; but still her symptoms, instead of improving, gradually assumed much greater severity. These, of a typhoid character, were attended with a profuse perspiration, and a pulse lacking force or volume, and eventually by rising to one hundred and twenty beats per minute. The bowels became permanently distended with gas, and the tenderness extending from the right iliac region over the entire lower portion of the abdomen, was now most marked above the pubic bones, where a hardness and a resiliency could be felt, as though the hand came in contact with an elastic but incompressible substance. This was the enlarged womb, as was more accurately diagnosticated by an examination through the vagina and rectum.

By the speculum, the uterine neck was found puffy and of a pale color, and the os uteri more patulous than natural.

Such was the patient's condition the third week of my attendance.

The internal treatment consisted of anodynes, anti-spasmodics, and laxatives; and the external of fomentations, leeches and blisters.

The symptoms mentioned above continued to the middle of the fourth week, with increasing evidences of prostration, and

the addition of occasional feelings of chilliness and trembling, and a constant coldness of the extremities.

The treatment was now changed for one tonic and stimulating.

On repeating the speculum examination, a small quantity of pus, forced apparently from the uterine cavity by the pressure of the instrument, was seen to exude from the os tincæ. This observation was several times verified at subsequent examinations. The pus increased in quantity the first five or six days, then gradually diminished for about the same period, and ultimately disappeared in two weeks' time. At first it was thick, yellow, and laudable; but at last, thin, muddy, and sanious. Altogether there must have been from six to eight ounces of purulent matter discharged, since on several occasions when the speculum was employed, two or three drachms oozed from the os uteri, and since, at all times, there was a constant dampness on the cloth applied to the external parts. As the pus was eliminated the tenseness, distention, and tenderness of the abdomen rapidly subsided; and then the uterine globe, perfectly defined in its outline, was found by palpation to be nearly the size of the closed hand. The state of the uterus was much as it is after confinement, and its subsequent involution equally rapid and perfect.

Notwithstanding the relief of the patient from local suffering was complete, still her constitutional status became each day more grave, and eventually highly alarming—hectic, colliquative perspiration, a running, feeble pulse ranging from one hundred and thirty to one hundred and forty per minute, and a prostration of the life-force so profound as to warrant the most serious apprehensions in regard to the ultimate result. Nutrients, tonics, and stimulants were pushed with redoubled assiduity, and, though the contest seemed doubtful for a time, eventually our efforts were crowned with success. The patient, convalescent in ten weeks, regained her wonted health in the two following months. The uterus returned to its normal condition, and there were no remaining pelvic disorders to remind her of this long and dangerous illness.

This case, from its extreme rarity, merits a careful study.

Very few practitioners, however broad their field of observation, have ever met with an instance analogous to this; and though solitary cases have been published, most systematic writers do not even in name allude to such a disease. Examples of it are found detailed in the works of Mauriceau, Van Swieten, La Motte, Ashwell, and Scanzoni, but none more remarkable, or better defined than the one just related.

Commentary.—In this patient it is probable that the sudden check to the menses caused, at the outset, congestion of the uterus. This congestion taking place at the climacteric period, when the functional activity of the organ is declining, and the power to resist morbific agencies is less potent, resulted in a circumscribed inflammation of the muscular walls of the womb. The inflammation, thus inaugurated, undoubtedly went on to suppuration by a process similar to, if not identical with, that observed in the formation of a phlegmonous abscess in other portions of the body.

This abscess when formed, instead of rupturing into the peritoneum, rectum, or bladder, fortunately discharged its contents into the uterine cavity, from which there was a free exit, that allowed the womb to subside, and the suppurating surfaces to coalesce.

That the location of this abscess was either in the fundus or body of the uterus, was discovered by palpation of the abdomen, and by touch through the vagina and rectum. It did not implicate the cervix, as this was not inflamed, tender, congested, or much swollen, nor did it originate in the cavity of the uterus, as the patulous state of the os forbade the retention of a fluid in any quantity. The uterus, uniformly enlarged as in pregnancy, rapidly regained its original volume upon the supervention of suppuration, and then those typhoid symptoms that always follow the discharge of deep-seated abscesses alone remained. That this was the sole lesion, was shown by the return of the womb to its normal condition, by the disappearance of all pelvic disorders, or even painful sensations, and by the ultimate restoration of the patient's health.

In this case, the peritoneum covering the inflamed portion of the uterus may have been implicated, but not the uterine veins, since phlegmatia dolens must have almost surely followed.

CASE II.—CLASS I.

Amenorrhœa; Purulent Vaginal Discharge; Abscess of Inner Cervix; Recovery.

Mrs. M——, æt. 40, and married, was sent to the *Clinique* from New-York City by Dr. ——. She has never miscarried, but has had five children, of whom the youngest is nineteen months old. Her health, always excellent until the past year, is now seriously impaired, there being extreme nervousness and great prostration, caused, as she says, by over-work.

The patient supposes herself pregnant, since she has skipped the last two periods, and experienced occasional attacks of vomiting, and all the other feelings peculiar to her on such occasions. She has great pain in the back and over the hips, and dragging sensations in the pelvis, and has the past twenty-four hours had an offensive vaginal discharge, but at no time a discharge possessing the characteristics of an ordinary leucorrhœa.

Examination by Touch.—The cervix is swollen and sensitive, and the os is expanded and everted, and has a granular feel, but the body of the uterus is not increased in size.

Examination by Speculum.—A purulent, bloody matter issues from the cervical cavity. This matter is traced to a small abscess in the anterior labium, just within the os externum. At this point there is a jagged, granular, and purplish surface on a congested base.

From the formation of pus in the labium uteri, the non-enlargement of the womb proper, the ill-health of the patient, and the absence of the changes in the breasts, peculiar to pregnancy, a diagnosis of cervical abscess was made, and a line of treatment—tonics, scarification, and caustic—suggested to her medical attendant. As this patient did not again visit the Hospital it is presumed, that, on the evacuation of the pus, and the subsidence of the capillary excitement, her recovery was prompt and complete.

Commentary.—If the spongy, loose folds lining the cervical cavity were inflamed in uterine disease, suppuration would be the rule, but not the exception, since this structure is liberally supplied with cellular tissue, and presents all the conditions

requisite for the ready formation of pus; and yet in practice, notwithstanding the not infrequent occurrence of pelvic congestion, it is rare to find phlegmonous inflammation existing within, or purulent matter flowing from the os uteri. Indeed, the cervical discharge is in all cases albuminous, or is, at the most, only slightly clouded by the admixture of degenerated epithelial cells. These, when the congestion is excessive, are in the formative stage transformed into muco-purulent globules, and thrown off in the normal secretion.

The condition of the uterus after death is shown in the following case, in which the so-called induration, and ulceration were carefully investigated during the life of the patient.

CASE III.—CLASS IV.

Induration; Ulceration; Hypertrophy; Heart-Clot; Death; Autopsy.

J. C——, æt. 40, and married, the mother of five children and the subject of two miscarriages, came to the *Clinique* April 1st, 1862. Her health gradually failing the eleven years previous, had at last become very much deteriorated. From her extreme anæmia and profound prostration, she found it scarcely possible to do any work, and yet she was from poverty obliged to keep on her feet many hours a day.

The local symptoms, consisting of pelvic pains, a profuse yellow-colored leucorrhœa, and the other usual attendants on uterine congestion, were persistent and characteristic.

By the touch, it was found that the uterus was considerably larger and heavier than normal, and by the speculum, that the neck was puffy, swollen, and congested, and that the os presented an abraded, granular-looking boundary, and discharged a copious albuminous secretion. This condition exactly corresponded to that described as cervical induration, ulceration, and hypertrophy.

This patient came four or five times, improved decidedly in health under general and local treatment, although little change was perceptible in the appearance of the cervical disease, and then discontinued her attendance.

I was requested to call at her house in June following, when she stated that, as her husband was out of employment, and her strength had been partially restored by the treatment received, she had, since last at the *Clinique*, peddled small wares from door to door, in order to support her children, who were destitute of the bare necessaries of life. The only urgent symptom she experienced was an incessant vomiting, that continued without any abatement to the fifth day, when death came to her relief.

At the autopsy a semi-organized rope of fibrin of considerable size was found occupying the cavities of the heart, and thence extending some distance into all its vessels. This clot, formed probably during her persistent over-exertion, by the hurried action of the heart separating the fibrin from the watery blood, was manifestly the cause of her death. This conclusion is warranted by the fact, that no other morbid state was discoverable, though diligently searched for.

The uterus proper was hypertrophied, and its veins were dilated to the size of a crow's quill, but no induration, ulceration, or enlargement of the labia uteri was present. The apparent ulceration was a dark-purple space; that surrounding the os was denuded of epithelium. This eroded surface extended up the inner cervix a half inch or more. The only pathological changes present were an increased size of the uterus from an equable hypertrophy of its walls, a great expansion of the uterine veins, and an abrasion of the cervical mucous membrane.

That womb-disease is of a congestive, and not of an inflammatory nature is likewise shown by those cases of procidentia, in which the uterus, during laborious exercise, protrudes from, but, on lying down, recedes within the vagina. In all such examples, the mere subsidence of the organ—though partial and temporary—through and below the introitus vulvæ, causes the cervix to become much enlarged and congested.

CASE IV.—CLASS IV.

Procidentia; Induration; Hypertrophy; Pessary; Recovery.

A woman, the mother of several children, and the subject of an incomplete procidentia, was admitted into the Hospital under

my care. The uterus was found healthy, with the exception of an unnatural fulness of its veins, and an excessive secretion of the cervical glands, morbid conditions caused by this malposition.

Being placed in bed, and directed to hold her breath and strain down as if at stool, she gradually forced the cervix, bladder, and vagina below the sphincter, in which position the parts were retained by pressure on a catheter, passed through the urethra to the most dependent portion of the bladder, until an artist was able to take a sketch. The cervix became purple with stagnant blood, and of more than twice its ordinary size, and the labia dense and enlarged, as much so as is ever seen in any case of the so-called cervical induration and hypertrophy, and elongated a full half-inch beyond the os, that, opened by the congestion, looked like a large, deep *sulcus*, into which the finger was readily inserted.

Fig. 29.



Procidentia, vaginocele, and cystocele.

The method of treatment adopted in this case was the same as that which will in the next be described in detail. The congestion and enlargement promptly yielded to the prone position, and the cervical leucorrhœa to applications of the nitrate of silver in solution. A healthful circulation being restored, the uterus was easily and satisfactorily maintained within the pelvis by a globe pessary. The cure was accomplished in four weeks' time, and was as complete as could be desired.

Complete procidentia, equally with incomplete, confirms the views here advocated, and shows the manner in which benign

disease of the uterus arises from, and is perpetuated by, congestion of its veins. In such cases, it is conclusively demonstrated, that the ulcers of uterine specialists are nothing more than abrasions, the fungosities enlarged papillæ, and the pus flowing from the cervical canal simple albumen, or, at the most, albumen clouded with degenerated epithelial cells.

CASE V.—CLASS IV.

Non-Involution; Procidentia; Enlargement of Uterus; Erosion; Leucorrhœa; Pessary; Recovery.

M. M——, æt. 26, unmarried, and confined at the full time, thirteen months ago, entered the Hospital August 27th, 1863. Resuming work as a servant four days after delivery, she was, at the end of the month, taken with a bloody discharge, that was attended with great pain, and the protrusion from the vulva of a firm, round body. This falling lower and lower, and becoming larger and larger, though still receding within the vagina in the recumbent posture, remained at length permanently without the body. The menses return at the proper time, but are excessive, and accompanied with much suffering. She has a leucorrhœal discharge, and a sense of weakness in the sacrum, but no decided pain in the back, through the loins, or at the brim of the pelvis, nor in fact any local disorders, other than a feeling of weight and pressure at the perinæum, when she is on her feet.

Ocular Inspection.—The uterus, bladder, and vagina are prolapsed to such an extent that the thumb and fingers, grasping the protruded mass near the vulva, come together above the fundus uteri. The uterus from its circulation being obstructed, is engorged with blood, and the os has a vivid red color, is denuded of epithelium, and gives exit to a copious albuminous secretion. The eye could detect none of the characteristics of an ulcer in the abrasion, or of pus in the clear, ropy, and albuminous matter flowing from the inner cervix.

The patient was placed in bed, and forbidden under any circumstances to raise her head from the pillow. The uterus, bladder, and vagina were restored, as nearly as possible, to their normal position, and three leeches were applied to the cervix.

Aug. 29.—The size of the uterus is much reduced, and the abraded surface is less in extent. Applied two leeches.

Sept. 3.—The congestion is almost entirely relieved, but the secretion of the mucous glands is more profuse than originally. Applied a solution of the nitrate of silver to the cervical canal.

Sept. 14.—She has menstruated since the last operation. The womb—both its body and neck—has regained its normal volume, the os presents a healthy appearance, with the exception of a slight redness on its posterior lip, and the leucorrhœal discharge has nearly disappeared. A globe pessary of blown glass was introduced, and injections of alum were ordered.

Sept. 29.—Leaving the Hospital by permission three or four days previous to this date, she now presents herself as an out-patient. The pessary slipped away this morning whilst she was walking.

Examination by Speculum.—The cervical secretion is still somewhat in excess. The vaginal walls and the perinæum are recovering their tonicity.

Applied the solution of the nitrate of silver, readjusted the pessary, and continued the astringent injections.

Jan. 27, 1864.—She experiences no irritation or even inconvenience from the presence of the pessary, that now readily retains its position, and perfectly supports the pelvic contents. She has no leucorrhœal discharge, nor any other pelvic symptom, however trivial, and has at the present time, though living out at service, no trouble in doing her work. She was ordered to continue the alum two or three weeks longer, and then to resort to cold water alone.

In cases of repeated abortion, the true pathology of womb-disease is still more clearly elucidated, by the enlargement of the uterus, the copious loss of blood—menorrhagic or metrorrhagic—and the hypersecretion of the mucous glands being often promptly removed by local depletion, without the necessity arising for the employment of any other means.

CASE VI.—CLASS IV.

Abortion; Hypertrophy; Menorrhagia; Leucorrhœa; Recovery; Pregnancy.

Mrs. H——, a German lady, is the mother of one child, and has, since its birth, been the subject of four miscarriages. For these mishaps, and a menorrhagia that has, the last few months, continued about half of the time, she has been attended by four physicians in succession. The courses, thus excessive a year or more, have rendered her so anæmic that she is scarcely able to leave her bed. She has a constant mucous discharge, great pain in the back and through the loins, and marked tenderness along the brim of the pelvis, especially at the hypogastric region. To these feelings, that are much increased in the erect posture, are added a sense of pressure and weight at the pelvic outlet during active exercise.

Examination by Touch—The uterus lies at a low level, and is more bulky by twice than natural. The cervix is equably increased in size, and has a tense, elastic feel.

Examination by Speculum—The neck is puffy and rounded, and has a higher arterial color than normal. The os presents its usual form and size nearly, and discharges a limpid, albuminous secretion, but is not denuded of epithelium, or surrounded by a congested border.

The third day after the completion of two monthly periods, one large Swedish leech was applied to the cervix. The first application was followed by a considerable loss of blood, that singly, or perhaps with the aid derived from the tincture of the chloride of iron which she was taking, deferred the second menstruation to the regular time, and reduced the flow to the normal amount. Conception taking place before the return of the third period, the local treatment was omitted, and the general alone followed.

Sept. 1871.—Mrs. H——, since under treatment seven years ago, has not miscarried, but has had three living children at term. She is free from pelvic symptoms, and in all other particulars enjoys perfect health.

The views here advocated are further strengthened by the

sudden congestion and enlargement of the uterus from suppression of the monthly hæmorrhage, by the immediate supervention of uterine disease upon such suppression, and by the speedy cures that are, in recent cases, effected by an artificial loss of blood.

CASE VII.—CLASS VI.

Suppressio Mensium; Congestion of Uterus, Ovaries, and Vagina; Uterine Colic; Hyperæsthesia; Recovery.

An American lady, æt. 35, the mother of a large family of children, and the subject, since her birth, of scrofulous ailments, and, for a length of time, of moderate uterine symptoms, was taken at the second period following the suppression of the menses with great pelvic discomfort, that eventuated in a severe attack resembling nephritic colic. She was exceedingly ill for several hours, and suffered from an intolerable pain, that starting from the right kidney and thence shooting paroxysmally through the right loin to the corresponding thigh and down the pelvic cavity, induced, by its extreme violence, an incessant vomiting, and frequent turns of fainting. There were present on the second day, when I saw her, tenderness and swelling over the lower front portion of the abdomen, and especially above the pubic bones, lumbo-sacral pain passing forward to the iliac fossæ, a feeling of heat, pressure, and weight in the pelvis, and a copious and yellowish vaginal discharge, that was attended with scalding and itching sensations.

As soon as the severity and force of the symptoms were broken by opiates, fomentations, and other means like these, a speculum examination was instituted.

Examination by Speculum.—The cervix presents a bright arterial color, especially around the ostium uteri, and is acutely congested, and so sensitive that the lightest touch gives very great pain—the same that she felt in the kidneys at the first visit.

In a treatment of two months' duration, the first three weeks of which the patient was confined in bed, leeches were employed four times. Each application resulted in a copious loss

of blood, and was followed by marked relief. For the nervous irritability and gastric debility, formerly excessive, but lately more moderate, ferruginous and vegetable tonics and animal food were prescribed. At the end of two months, the patient had so far recovered from the local disease that she was sent into the country for the benefit of her health, which, though greatly improved by the treatment, was not completely restored. On her return, it was found that she felt quite well, and was free from pelvic symptoms, even a back-ache or a vaginal discharge. As this patient was at the *Clinique* several months after being dismissed, the recovery is known to have been perfect.

That ulceration, and induration, or even abrasion of the os, enlargement of the cervix, and hypertrophy of the corpus, are non-essentials in uterine disease, is proven by the fact, that the most severe and least curable cases have none of these morbid conditions, and are only characterized by an increased amount of blood in the erectile coats of the uterus and vagina. This species of congestion, thus unattended by its ordinary concomitants, is peculiar to the virgin uterus, and is simply a persistency during the menstrual interregnum of the physiological congestion occurring statedly at each monthly flow. In such a case, there is an increase in the bulk and weight of the uterus from the blood in its vessels, but no change in its body by expansion and growth, in its neck by enlargement and elongation, or in its mouth by dilatation and erosion. In this congestive condition the ovaries and vagina participate as well as the uterus. Indeed, all the internal genital organs are involved in one common disease, whence there results the most intractable form of congestion known, one attended with a host of distressing symptoms, and one defying unfortunately, in very many instances, our best directed efforts.

CASE VIII.—CLASS VII.

Congestion of Uterus, Ovaries, and Vagina; Vaginitis; Vaginismus; Recovery by Change of Climate.

A. H——, aged twenty-two, and single, was admitted into the female ward November 2d, 1860. Her health, that was originally good, has become extremely bad the past year. She now suffers from various disorders of the digestive organs, excessive irritability of the nervous system, and agonizing sensations in the pelvis, and yet she is neither emaciated nor anæmic, and does not, aside from an anxious, woe-begone look, have the appearance of a person afflicted with a grave disease. The local symptoms are very severe—lumbo-sacral pains passing forward over the hips to the ovarian regions, a vaginal discharge, free, yellowish, thin, and acrid, a fulness, throbbing, itching, and burning in the vagina, and during menstruation violent uterine spasms, that confine her in bed and inflict great suffering. These spasms are usually intense enough to disturb the stomach and bowels, and excite violent attacks of vomiting, tympanites, constipation, colic, etc., and not infrequently the nervous and vascular systems become also involved, when fever and hysteria are added.

Examination by Touch.—The hymen is intact, and yet being relaxed by the moisture constantly bathing it, is quite distensible, and offers no obstruction. The introitus, however, is spasmodically closed by the sphincter, and the vagina, likewise contracted, appears as though surrounded its entire length by muscular fibres, that act with great force.

The sufferings of the patient, as the finger was slowly and cautiously introduced, were agonizing. From her outcries and wild, hysterical excitement arising both from fear and pain, it was necessary for the time being to discontinue the examination. This, however, was completed at an early day.

Examination by Touch.—The uterus holds its normal position in the pelvis, and is increased in size but little more than is usual during the presence of the catamenia.

Examination by Speculum.—The vagina is filled with a thin, yellowish, creamy fluid, and the cervical and the vaginal mu-

cous membrane is inflamed and dotted over with rows of points, that have a bright vermilion color.

Although the speculum employed was so small as to give but an imperfect view of the cervix, still its introduction was attended with much difficulty.

By means of a bit of sponge attached to a flexible rod of whalebone, a solution of the nitrate of silver—3 ss to ℥ i of water—was applied to the vaginal mucous membrane, at first every fourth or fifth day, but eventually, when the treatment had been some time in progress, every sixth or seventh day. In addition, for the purpose of removing the irritating secretions, and allaying the capillary excitement, injections of borax were ordered morning and evening.

As the examinations were repeated, it was found that a larger-sized speculum could be employed with comparative ease, and without the infliction of intolerable pain. At this time the mucous inflammation was less pronounced, the vaginal secretion less abundant, and the brick-red points less perceptible.

At the end of a five weeks' treatment, I flattered myself that the cure was on the point of being attained, when symptoms more violent than those heretofore observed, set in—fever, great nervous irritability, constant vomiting, obstinate constipation, meteorism, hysteria, gastralgia, enteralgia, etc., etc. The cause of this relapse was the non-appearance of the courses, that were delayed two or three days beyond their time. The symptoms manifested no disposition to abate spontaneously, or to yield to medication, but continued in full force until the flow returned at the next period.

Examination by Speculum.—The vagina presents the same appearance as at the first examination; the cervix retains its natural size, but has on its outer face bright red spots, similar to those covering the vaginal mucous membrane, and the os tincæ, neither dilated nor contracted, gives exit to a clear albuminous secretion.

The congestion being as active and wide-spread as at the beginning, the line of practice previously enforced was resumed. A like seeming gain as before rewarded my efforts, but was again lost at the next monthly period. As this relapse, however,

was less decided than the first, the treatment was persevered in, and the hope still entertained that the disease would at last be mastered.

During the fourth menstrual interval there was a like advance, and with the recurrence of menstruation a like retrocession. On the whole, however, the improvement was more promising than it had been the previous month. At this time the patient was transferred from the Hospital to the *Clinique*. She made infrequent and irregular visits, and used vaginal injections of borax alone. On her recovery from the fifth menstruation the vaginitis was as intense, and the symptoms were as severe as at the outset. Despairing of receiving any permanent benefit, she now abandoned treatment, and shortly after returned home to Ireland. From the sea-voyage, change of climate, or both, her recovery was complete. Her friend, who made this statement August, 1864, also said that my patient had recently returned to this country, and that she continued perfectly well.

Commentary.—Following the teachings of Bennet, Scanzoni, and others, I regarded this as a case of vaginitis simply, and treated it as such. To me, at that time, the phenomena presented were quite inexplicable. It seemed remarkable that a vaginitis could be intermittent, the inflammation and its attendants returning in force at each monthly epoch, but subsiding and nearly disappearing in the interval. I had, however, previously observed in all cases of womb-disease of any severity, a similar augmentation of the pelvic distress on the accession of the menses, and a similar fallacious improvement on their decline. In all others, as in this instance, I was doomed to chagrin at the ill success attending the accepted local treatment, and to discouragement at the relapses often, and indeed generally following apparent cures.

In this case, without doubt, there was congestion of the internal genitalia of the most aggravated character—a congestion of the uterus, ovaries, and vagina—as well as inflammation of the vaginal mucous membrane.

The congestion arising physiologically *in coitû*, is prone, like the menstrual, when a married woman is barren, to merge into

a continuous hyperæmia of the internal genital organs. This fact explains why it is so common for the childless wife to be the subject of benign disease.

The following case, similar to many others falling under my observation, shows equally with the last, not only that congestion is the prime element in uterine pathology in contradistinction to inflammation, and is continually renewed at each monthly period, but also, that the animal passions, by inducing an exalted irritability of the nerves and an increased influx of blood, similar to a like state existing normally during the act of menstruation, play an important part in the ætiology of female diseases.

CASE IX.—CLASS VII.

Congestion of Uterus, Ovaries, and Vagina; Sterility; Vaginitis; Pruritus; Dysmenorrhœa; Leucorrhœa.

H. M——, aged 22, married two years and never pregnant, came to the *Clinique* May, 1863. Her health, formerly good, has been very bad since marriage, an event occasioning the symptoms with which she is now troubled. There are present the disorders usually attendant upon anæmia, more especially weakness, nervousness, lifelessness, and a general sense of exhaustion.

The catamenia though regular are hæmorrhagic, and attended with excruciating pain, which frequently becomes paroxysmal and expulsive, like that of labor. There are present at all times a lumbar pain, that extends forward over the hips to the iliac regions, and downward along the thighs to the knees, tenderness above the pubic bones, and a copious vaginal discharge, varying from a whitish to a yellowish or greenish color, and exciting a troublesome, tormenting pruritus.

Examination by Touch.—The uterus maintains its proper level and inclination, and does not present to the finger any thing abnormal in its body, neck, or mouth.

Examination by Speculum.—There exist congestion of the inner and the outer cervix, and of the erectile coat of the vagina, inflammation of the vaginal mucous membrane, and a free secretion by the Nabothean glands.

May.—Applied two leeches, and prescribed the tincture of the chloride of iron, and vaginal injections of borax.

June 9 *and* 15.—Repeated the prescriptions.

July 7.—She feels better, suffers less from pelvic pain, and has no pruritus.

July 11.—She has just recovered from her courses. They were neither excessive nor painful. Applied two leeches.

July 17 *and* 25.—Renewed the prescriptions.

Aug. 1.—The disease, excepting a slight cervical leucorrhœa, is to all appearance removed. A solution of the nitrate of silver was applied to the Nabothean glands.

Aug. 14 *and* 27.—Repeated the prescriptions.

Nov. 19.—This patient, after an absence of nearly three months, returned to the *Clinique.* Her former symptoms, both the general and the local, are returning, and the pelvic congestion is, on examination, found relighted. Applied two leeches.

Jan. 13, 1864.—Her visits have been intermitted since November. The congestion of the internal genitalia is as intense, and the pelvic disorders as severe, as at any former time. In addition, the catamenia failed to appear at the last two periods. Applied two leeches. From the above date to the twenty-first of June, when her attendance was discontinued, she came irregularly and infrequently, and was leeched on two occasions only. The iron and borax were continued throughout the treatment.

The result in this case, judging from the irregularity of the attendance and the relapses at the periods, could scarcely have been other than unsatisfactory.

The congestion and ulceration produced by sponge tents, or other dilators of the cervical canal; by pessaries, or other foreign substances in the vagina; or by escharotics, or other destructive agents, disappear spontaneously on the removal of the offending substance; and even when a local irritant has, by being long in operation, excited a congestion and an ulceration of an unhealthy, chronic character, a cure is promptly attainable by simple means, provided the cause of the disease ceases to keep up the morbid action.

CASE X.—CLASS I.

Congenital Stricture; Sterility; Dysmenorrhœa; Leucorrhœa; Recovery; Pregnancy.

C. O'B——, aged 35, and married a year, applied at the *Clinique* February 24th, 1863, on account of her unfruitfulness. Whilst single she enjoyed good health, and had none of the pelvic symptoms that now trouble her, excepting an unusual amount of pain at her periods. Two or three months after marriage, her abdomen began to enlarge, and is now quite prominent. The breasts are full and rounded, and the milk ducts enlarged and knotted, but the areolæ are unchanged. During menstruation the breasts become so hard, swollen, and sensitive, that a closely fitting dress, or any pressure though slight, can not be endured.

The menses return at the proper time, and are natural as to quantity, quality, and duration, but are attended with cutting, grinding pains, that irradiating from the sacrum through the hips and down the pelvic cavity, are severe enough to confine her in bed, and result in nausea and vomiting.

Examination by Touch.—The uterus is of the virgin size, holds its normal position, and has the proper shape, but its mouth is with difficulty detected by the finger.

Examination by Speculum.—The cervix and vagina present a healthy appearance; the os tincæ, a mere point, does not admit an instrument larger than a silver probe; the cervical canal is contracted; the Nabothean glands pour out an excessive, vitreous secretion, and catheterism occasions a flow of blood from the congested capillaries.

In this case the os tincæ being congenitally small, and the inner cervix narrow, as is shown by the dysmenorrhœal pains commencing at the first menstruation, were rendered still more so by marriage, an event that is almost certain, when conception is long delayed, to be followed by congestion and swelling of the plicæ palmatæ. This congestion and swelling not only diminished the calibre of the neck, but also, as is common in the virgin uterus, caused the sphincter fibres of the os to contract, and close almost completely the entrance to the uterine cavity.

The congestion being thus superadded to the original constriction was, it was thought, the occasion of the painful and tenesmetic feelings in the pelvis, the tender and swollen state of the breasts, and the other symptoms attending the menstrual flow.

After two or three preliminary dilatations of the cervical canal with bougies, a sponge tent was introduced on four occasions at an interval of from five to ten days, and allowed to remain *in sitû* twenty-four to forty-eight hours. The pressure of the tent created at each application a bright red circle around the os uteri, exactly resembling a similar congestive state, the result of morbid causes; but in each instance, on the removal of the source of irritation, the cervix regained spontaneously its usual appearance. An interval of several days having elapsed since the employment of dilatation, the os and inner cervix were found to remain sufficiently open, but to discharge a very free secretion, that was more copious than formerly. The sympathetic disturbance attending the catamenia was slight, but the pelvic pains, although somewhat mitigated, still continued. A solution of the nitrate of silver—ʒ i to the ℥ i of water—was now applied three times to the cervical canal at an interval of a week or more.

May 16.—The patient was dismissed cured.

July 1.—She states that her menses are normal in every respect, and that she is free from all her old disorders, both general and local.

Aug. 10, 1864.—Mrs. O'B—— was confined at term five weeks since.

Commentary.—In cases of congenital narrowing of the cervical canal, the loose, distensible membrane, in which the mucous glands are located, becomes congested during menstruation equally with the other uterine structures, and thus by its turgescence increases the primary obstruction. This additional check to the exit of the catamenia arouses, for their expulsion, paroxysmal pains like those of labor, and awakens, by the intensity of the suffering, sympathetic disorders in distant organs. The employment of a powerfully distending force, like that evoked by the sponge tent, always creates a temporary congestion,

that, settling into a copious cervical secretion, should be entirely removed, as otherwise the calibre of the canal would again be gradually reduced to its original dimensions.

CASE XI.

Congestion and Ulceration of Cervix and Vagina; Cause, Pessary; Removal; Recovery.

E. H——, æt. 75, a widow, and the subject of prolapse of the womb, consulted a physician, who introduced a pessary, that has now remained sixteen months in position. At first this instrument afforded relief, but eventually excited irritation, being each day the source of greater annoyance, until her sufferings are now well-nigh intolerable. She has a sanious, purulent, and fœtid discharge from the vagina, burning, scalding, and itching sensations at the vulva, pressure and weight in the pelvis, and great pain in the lumbar region, and through the hips.

After several efforts a disk pessary, coated originally with vulcanized rubber, and emitting a most sickening, disgusting odor, was removed. The coating of the pessary had been almost entirely dissolved by the secretions in the vagina.

Examination by Speculum.—The cervix and vagina are, from passive congestion, of a dark mahogany color, and present, at the point where the pessary was embedded, several deep ulcers, from which, by many minute mouths, black, grumous blood oozes forth.

Notwithstanding there were in this case, old age, a low form of disease, and an irregular attendance on the part of the patient to contend with, the cure was accomplished in eighteen weeks by four scarifications, and two applications of the nitrate of silver in solution. Her recovery, I have every reason to think, would have been more prompt, had a continuous treatment been possible.

The multiparous uterus, when morbidly congested, undergoes a greater or a less true hypertrophy, that affects both the body and the neck, but the former more especially. This

growth is equable, and arising from an increased blood-flow and an augmented nerve-influence, takes place precisely as at an early stage of pregnancy, being in reality a perversion merely of this physiological function. The change in bulk and weight is easily detected by the practised touch in most of the milder cases of womb-disease, and is very noticeable in those of long standing, or of much severity.

The following case illustrates the fact, that ulceration and induration are non-essentials in uterine pathology; that the congestion attending an imperfect involution of the uterus after labor, occasions first menorrhagia, and then an actual growth of the uterine tissues; that the menses, by keeping alive and renewing periodically the congestion, prevent the return of the uterus to its normal condition, and that this congestion is, together with the morbid states perpetuated by it, removed by the local loss of blood.

CASE XII.—CLASS IV.

Non-Involution; Hypertrophy; Anteversion: Menorrhagia; Leucorrhœa; Recovery.

M. C——, aged 35 years and married, presented herself for advice August 15th, 1863. She has never miscarried, and only had one child, six years ago, from whose birth she dates her ill-health. Whilst suckling this child, her strength began to fail, and now she is, though corpulent, anæmic and debilitated. Her appetite is poor, and the secretions of the liver and stomach are deranged, the tongue being coated, the skin and the adnatæ of the eyes yellow, and the evacuations from the bowels of a blackish or greenish color. She is also troubled much of the time with rheumatism in various parts of the body, and with neuralgia in the left side and under the shoulder blades.

The local symptoms are marked and distressing. The menses, though tolerably regular, are very copious and painful, and have at times lasted three weeks. She has a leucorrhœal discharge, lumbar pains extending over the left hip to the corresponding iliac fossa, where there is both pain and tenderness, frequent calls to pass urine, and pressing, forcing sensations

down the pelvic cavity. These sensations, coupled with that of tenesmus, when she is on her feet, make it almost impossible for her to work, walk, or in any other way exert herself.

Examination by Touch in Recumbent Posture.—The uterus is symmetrically increased three or four times beyond its ordinary size, its body being as large as at the third month of utero-gestation, its neck swollen and rounded, and its mouth circular and expanded. In this posture no deviation in the axis of the uterus is present.

At the third visit the patient was examined standing, after taking active exercise.

Examination by Touch in Erect Posture.—The cervix looks towards the fifth bone of the sacrum; the corpus is traceable, along its anterior face, almost to the fundus; the fundus rests upon the bladder, and the bladder bulges into the anterior part of the vagina.

In September she came to the *Clinique* after washing clothes, and scrubbing the floor. Her work brought on distressing, bearing-down pains, and greatly intensified all the symptoms.

Examination by Touch in Erect Posture.—The uterus is anteverted to an extreme degree, and lies almost crosswise in the pelvis, the fundus being crowded down, behind the pubic bones, to such an extent that it is more readily reached by the finger than the cervix.

Examination by Speculum.—The cervix is uniformly increased in size, and has a bright-red blush over its entire surface, but the os is not eroded.

From the extreme anteversion, the os uteri was not readily brought into the field of vision.

The constitutional remedies—mercurials, bitters, and iron—suited to remove the torpor of the liver, correct the state of the stomach, and improve the strength, were used. For the rheumatic pains, she took Rochelle salts, and eventually, for the gastric and hepatic disorders, a mixture containing extract of taraxacum, bicarbonate of soda, tincture of rhubarb, etc.

Two leeches were applied on each of the following dates, Aug. 28th, Sept. 15th, and Nov. 25th, 1863, and Jan. 4th and 20th, 1864.

Although the patient's visits were at long intervals—only twenty in more than a year—marked relief was experienced from the topical depletion. This improvement, the last six months of her attendance, was decided, the uterus appearing at times nearly normal, both as to size and position; but still the congestion and displacement at each menstruation were in a greater or less degree reproduced.

Aug. 24, 1864.—She menstruates three days only, has no vaginal discharge, experiences no special inconvenience when walking, and complains chiefly of debility, and a painful sensation in the left ovarian region.

Examination by Touch.—The uterus is returning to its normal size, and assuming its proper position in the pelvis.

Sept. 8.—The catamenia, recently present, lasted seven days. Her former symptoms are renewed. Applied two leeches.

Nov. 15.—I was called to see Mrs. C——, at her house. A profuse hæmorrhage from the rectum has now continued several days, and resulted in the loss probably of more than a quart of blood. She is extremely weak and prostrated.

Nov., 1866.—Mrs. C——, having occasion to visit my office, states, that she has been free from pelvic disorders, and quite well in all other respects, since the copious loss of blood in November of last year.

In womb-disease the glands of the proper uterine cavity are not the source of the albuminous matter issuing from the os externum, their function being connected solely with menstruation and utero-gestation. Indeed, according to my observations this cavity does not yield an appreciable discharge of any kind, inasmuch as no product other than the glairy, viscid mucus of the Nabothean follicles, or this clouded by epithelium, or, in exceptional cases, by muco-pus from transformed epithelial cells, is ever detected; and, moreover, direct applications to the utricular glands are not necessary, as they are almost always to the cervical. Indeed, whenever the secretion peculiar to the inner cervix is reduced to the normal standard, there is no other remaining.

Furthermore, I allege that, as the utricular glands are not

muciparous in their normal state, they cannot be converted to such by any morbid process, and made to furnish mucus or muco-pus; and that, as disease is disordered function—a perverted physiological status of an organ—the lining membrane and glands of the true uterine cavity can only, when subjected to disturbing causes, undergo changes similar to those observed in unhealthy conditions of the uterus during menstruation or pregnancy. Thus in dysmenorrhœa, when of a congestive type, this membrane and its glands may be developed, as in the gravid state, and thrown off with the menstrual fluid. In pregnancy, likewise, when the afflux of blood is in excess, this membrane and its glands may also be developed beyond the proper limit, and so radically transformed by fatty degeneration as to occasion the death of the embryo.

CASE XIII.

Hypertrophy, and Fatty Degeneration of Decidua; Abortion.

A young lady, married a year, healthy, and suffering from no pelvic symptoms, was the subject of two abortions at about the twelfth week.

For these mishaps no cause was discoverable. Her physician, Doctor D—— kindly presented me with the products of these two miscarriages, as specimens for my cabinet. At the first there came away a fleshy mass, separable into layers, and of sufficient bulk to fill a five-ounce measure; at the second a perfect cast of the proper uterine cavity, which cast, triangular in shape, and an eighth of an inch in thickness, contained fat in its structure, and had openings corresponding to those of the fallopian tubes and os internum.

The opening in this hypertrophied and degenerated decidua over the internal os uteri, was enlarged by a rent, through which the ovum, contained in its envelopes unruptured, made its exit.

From the facts just stated, and also from a careful study of the phenomena presented by the severer forms of womb-disease, it seems highly probable that, in cases of a congestive character terminating in an actual growth of the uterine muscular

structure, a like development takes place also in the membrane and glands situated in the cavity of the body. This result is a necessary sequel of an increased vascular and nervous supply to this membrane, as also are its separation and expulsion of its hypertrophy. Consequently, should the uterus be enlarged by actual growth, this membrane would with its glands be developed by the richer streams of blood, detached during the menstrual act as in an abortion, and expelled by pains simulating those of labor; and yet, being in shreds, or broken down in the discharge, it might fail to excite attention, and might, even when searched for, escape detection.

The reasons heretofore advanced in support of the congestion of the veins of the uterus, and erectile coat of the vagina, are equally if not more applicable to the closely packed and highly vascular folds of mucous membrane, lining the cervical canal. These folds, connected together by areolar tissue, and suffering the brunt of the disorder in almost all cases, would certainly, if affected by inflammation, not only yield its ordinary products, but present to the eye decided evidences of its existence. Most assuredly, this spongy, vascular mass resembling the tonsils in structure more than any other organs of the body, would, if so commonly inflamed as is asserted, suppurate like those glands, and attest the fact by the presence of unmistakable pus. Instead of this, the cervical discharge is always albuminous, and only occasionally intermixed with muco-purulent globules, the transformed epithelial cells. There may be the same superficial inflammation and denudation of the mucous membrane of the inner cervix, as of the os uteri and the vagina, but there can be only congestion of the Nabothean glands and their web of vessels, a congestion like that of the middle coat of the uterus, or of the erectile coat of the vagina. Of necessity, should congestion of the cervical vessels advance to inflammation, the secretion of albumen would cease and the formation of pus begin.

SYNOPSIS OF AUTHOR'S PATHOLOGY AND ÆTIOLOGY.

In giving a *résumé* of the main arguments by which the views advocated in this work are established, I would recall

1. That the female sexual organs are under special physiological laws from the time of the advent to the decline of the menses, a period within which uterine disease is limited.

2. That menstruation, sexual congress, and utero-gestation occasion a marked congestion of the internal genitalia—a congestion unknown to other organs, but in these physiological and in harmony with health.

3. That this congestion requires for its occurrence a special system of arteries, veins, and capillaries, one allowing a considerable stasis of blood.

4. That as disease, wherever arising, consists simply in a perversion of natural laws, the genital organs are especially prone, from morbid causes, to have this physiological congestion converted into a pathological.

5. That in womb-disease the internal genitalia are the centre of a continuous nervous and vascular afflux, precisely as though the monthly excitement were prolonged through the entire intermenstrual interval.

6. That this congestion affects the ovaries, the vagina, and the body, neck, and cavities of the uterus, stimulating their nerves, enlarging their blood-vessels, and exalting their vital status.

7. That an increased nerve and blood force develops the embryonic germ-cells of the uterus, whence hypertrophy, simulating that of pregnancy, follows as a necessary result.

EXISTENCE OF CONGESTION AND NON-EXISTENCE OF INFLAMMATION.

The existence of congestion and the non-existence of inflammation is shown,

1. By the absence of the symptoms, products, and lesions of inflammation.

2. By a stasis of blood, as that due to the suppression of the menses, to non-involution after abortion or labor, or to obstruction from prolapsus, procidentia, or other displacement, being usually the cause of uterine disease.

3. By the rapid cures effected in recent cases, by the local loss of blood—spontaneous or artificial.

4. By the sudden production of enlargement of the uterus, of apparent induration of the cervix, of expansion and elongation of the labia uteri, and of a copious leucorrhœal discharge, from a temporary obstruction to the return of blood from the uterus; and by the prompt disappearance of these conditions, on the removal of the constriction.

5. By the so-called inflammatory ulceration lacking all the characteristics of an ordinary ulcer, and resisting direct applications, but yielding to depletion of the uterine vessels.

6. By true ulceration from sponge tents, pessaries, or other extraneous cause, cicatrizing spontaneously on the removal of the source of irritation, a singular result were the substance of the cervix inflamed and indurated.

7. By the so-called hypertrophy, ulceration, and induration of the neck being common in the multiparous uterus, which promptly responds in most instances to treatment; but rare in the nulliparous uterus, which scarcely altered in appearance, presents a disease so intractable, that a cure is with difficulty attained.

8. By the existence in the multiparous uterus of a real hypertrophy—development of muscular tissue, mucous membrane proper, and utricular glands—in imitation of a like process taking place normally in pregnancy.

9. By the cervical glands always secreting albumen, and never pus, and by the infrequency of suppuration in the cellular meshes, in which these glands are embedded, as would not be the case were the neck inflamed and indurated.

MODUS OPERANDI OF MORBID ACTIONS.

Taking congestion as the pathology, anatomical structure and physiological law as the ætiology or remote causation, and whatever induces a continuous and preternatural vascular fulness, or interferes with its subsidence, as the direct exciting cause of womb-disease, I will now attempt to trace the steps by which it is inaugurated and perpetuated.

As already seen, the female organs are fitted in structure

and function for the occurrence, during the menstrual life, of a normal congestion, and equally so for its complete retrocession, on the withdrawal of the physiological stimulus. Even after sexual excitement, there is, on a small scale, a species of involution. The arteries beat less strongly, and the nerves are less irritable, whence it arises that the capillaries are less highly charged, and the veins less overcrowded.

Indeed, the uterine veins resemble arteries more than similar vessels in other structures, as they are disposed in dense, fibro-elastic, and semi-muscular walls, that by their inherent contractility carry forward and expel the blood, when the vital force by which the distention was occasioned is removed.

Thus the internal genitalia, though subject to an intermittent, physiological congestion, are guarded from detriment, and restored to their quiescent state, in which they only receive, like other organs, the blood necessary for nutrition.

MORBID ACTIONS IN MULTIPAROUS UTERUS.

A casual infarction of the uterine veins is occasioned, as is often observed in practice, by a check to the monthly hæmorrhage, a natural mode of relief to the surcharged vessels, and is dissipated by a copious flow at the next period. So, also, following abortion, a metrorrhagia or a menorrhagia relieves the genital vessels of stagnant blood, and gives us Nature's warrant for depletion. In this manner spontaneously, a temporary congestion is removed, and, however marked the evidences of a general implication of the uterus, ovaries, and vagina may be, their circulation is restored to its proper balance.

Should, however, this preternatural fulness long exist before it is dispersed, then the folds of the inner cervix would, as they are spongy, connected loosely together, and crowded with mucous follicles, retain the disease in a hidden form, and furnish a leucorrhœal discharge indefinitely. Now, the flow of albuminous matter, that is only sufficient in health to lubricate the vagina, becomes excessive, so much so as to appear externally in glutinous or cheesy masses.

This congestion of the cervical rugæ and their glands, though the mildest form of uterine disease, is destitute, when establish-

ed, of any natural tendency to recovery; and yet, though persisting months, or even years, it frequently does not pass beyond the limits of a simple leucorrhœa. In the majority of instances, however, the ever-recurring monthly hyperæmia renders the cervical capillaries more atonic, and the albuminous discharge more abundant.

Thus, eventually, the vascular web surrounding the mucous crypts, which, closely packed, occupy one third of the thickness of the cervical walls, and the villi, normally three or four times as large as those seated in the vagina, become excessively engorged with blood. This engorgement around the os externum forms a bright-red rim, that may extend outwardly, as far as the glands penetrate below the surface, but never beyond this limit. Should the cervical circulation be more and more drawn into the vicious circle of morbid excitement, the neck would become puffy and elastic, both by the implication of its capillaries in a common disorder, and by the infiltration of serum into its substance. When thus affected, the entire structure of the cervix is swollen, its canal is expanded, its sphincter fibres are relaxed, and its labia are enlarged, elongated, and everted.

In the graver cases of some standing, the congested border circumscribing the os is of a deep brick-red color, and the more outward portion of the neck of a bluish, purplish look, or dotted over with crimson points, the apices of papillæ shining through the thinned or detached epithelial covering.

The vitality of the labia uteri being lowered by this continuous repletion of their capillaries, the epithelial cells, instead of consolidating and thus protecting the parts beneath, are thrown off in the nascent state, by which means an abrasion is formed, that denudes the mucous membrane, and lays bare the papillæ. This abrasion, that always begins on the margin of the os, and thence advances outward or upward, or both outward and upward, may extend externally the depth of the glands, and internally one half or two thirds the length of the canal, the extension in either case being limited to the site of the large network of vessels around and within the labia uteri. The mucous membrane being thus deprived of its natural protection, the epithelium, the papillæ become more or less prominent, and occasionally

developed into a velvety, spongy mass, that projects above the surface, and bleeds at the slightest touch.

The disease advancing, the body of the uterus yields to the morbid action, and the involution after each menstrual act being imperfect, the uterine vessels retain in the intervals an excess of blood; whence an increased nutrition follows, arteries, veins, germ-fibres, and utricular glands developing in imitation of the normal growth that is inaugurated by conception. The augmented bulk of the uterus may be due simply to the persistence of congestion in a passive form, and at the outset this is usually the case, but eventually, when morbid causes have been long in force, this congestion assumes a more or less active type, and then, nutrition being stimulated, there arises in all parts an equable growth, the uterus often attaining three or four times its ordinary size. As, however, in recent instances of severe cervical disease, or in milder ones of some continuance, the amount of blood going to and remaining in the uterine veins is in excess, it may be stated that the uterus is, as a rule, increased in size, not only by a fulness of its blood-vessels, but by a greater or less degree of hypertrophy.

The uterus and vagina being supplied by the same arteries and nerves, united intimately by inter-communication of their veins, subjected to like physiological laws, and implicated equally in any increased influx of blood, the vagina will of necessity participate directly in the varying states of the uterus. This fact is apparent in extreme cervical congestion, and especially when the corpus uteri is also involved, by a heightened color of the upper portion of the vaginal walls.

The climax of these several morbid conditions is reached when the uterus, ovaries, and vagina are each month overflowed by a rushing tide of blood, that, not receding by involution, lingers and stagnates in the veins during the menstrual intervals.

MORBID ACTIONS IN NULLIPAROUS UTERUS.

The nulliparous uterus, when subjected to benign disease, passes through pathological changes differing in essential particulars from those just described.

The uterus once developed by pregnancy, continues ever afterward more bulky by one half—its walls being thicker, its veins larger, and its neck fuller and rounder than before this event.

The uterus, on the contrary, that has not been developed by pregnancy is dense and unyielding, and resists a great accumulation of blood in its veins—a condition necessary to an increased nutrition; whence it arises, that neither the corporeal nor the cervical walls expand, but both remain of their normal thickness, being increased, as during menstruation, by a slight excess of blood only. For the same reason, the congestion of the cervical mucous membrane does not spread outwardly to the more solid portion of the neck, at least not to an extent sufficient materially to augment its volume or alter its form. Since, therefore, the neck of the virgin uterus retains its natural size, shape, and density, its mouth is not relaxed, but contracted by a spasm of its sphincter, nor its canal dilated, but narrowed by swelling of its mucous folds; by which means, the exit of the menses and the ingress of the semen being hindered, dysmenorrhœa and sterility are occasioned. As in the multiparous uterus, so in the nulliparous, there may be development and exuviation of the uterine mucous membrane proper, a complication that greatly intensifies all the existing symptoms, and adds expulsive, paroxysmal pains to the catamenial.

From the walls of the virgin uterus being thus unyielding, and incapable of retaining the blood solicited thither constantly by disease of the cervix, and intermittingly by physiological causes, the veins of the ovaries and vagina are, from their greater distensibility, speedily implicated, and permanently charged with an excess of blood.

The capacity of the multiparous uterus for enlargement is, contrary to received opinions, a most fortunate circumstance, since it allows a simple form of congestion to take place, that is, when judiciously treated, removed with little difficulty. The incapacity, on the contrary, of the nulliparous uterus for enlargement is a most unfortunate circumstance, as an extraordinary influx of blood into its dense and resisting tissues begets a supersensitive state of the uterine nerves—a persistent

hyperæsthesia—that, by instituting and keeping alive an active type of disease, adds greatly to the severity of the symptoms, and renders a cure well-nigh unattainable. As a rule, it may be stated that womb-disease, whether affecting a multipara or a nullipara, is rebellious to treatment in proportion to the greater or less implication of the uterine nerves, and that, with the latter class of patients, a neuralgic condition is nearly universal.

This neuralgia constantly invites an unusual flow of blood, that is, from the lack of space, not retained in the veins of the uterus, but thrown upon those of the ovaries and vagina. Of this fact the ovaries give unmistakable signs, by the pain and tenderness felt in the iliac regions; and the vagina, by its network of vessels, that are adapted for dilatation, becoming the site of an extensive congestion. This congestion stimulates the nerves, distends the vascular papillæ, inflames the mucous membrane, and develops the fibre-germs of the vagina. As an increased fulness of the underlying vessels equally overcharges the papillæ arising from them, the mucous membrane will, at those points where these papillæ come to the surface, throw off the epithelial cells in a formative stage. Wherefore, since the papillæ or villi are set closely together, and are tactile as well as vascular organs, innumerable highly sensitive points will be exposed to contact, precisely as though the cuticle was abraded from the derma. From several causes, particularly the acidity of the vaginal secretions, the denuded villi are rendered more and more impressible, so much so, that in time the entire mucous membrane becomes inflamed. Now, the congestion assuming a chronic, intractable form, the secretions become not only very acid, but so acrid as to excoriate the external parts, the slightest touch gives an agonizing thrill of pain, and the suffering is constant and scarcely supportable. The newly developed fibres in the muscular coat of the vagina, together with its sphincter, being excited by this supersensitiveness of the bare summits of the villi, contract spasmodically, and thus render a manual or instrumental examination painful and difficult, if not intolerable and impracticable, without the aid of an anæsthetic.

The vaginitis, thus induced, is attended with a free, watery, and muco-purulent discharge of varying color. This discharge

is of itself greenish or muddy; but, when mixed with the cervical secretion, that is invariably albuminous, assumes a yellow, creamy appearance, like that of pus. On introducing a speculum and removing the products in the vagina, the mucous membrane is found to have a more or less diffused red color, and to be dotted over with rows of points of a deeper hue than the adjoining tissue. These points, the free extremities of the papillæ, though usually on a level with the surface, are in exceptional cases of long standing slightly raised and velvety, like those sometimes met with on the abraded os uteri.

The secretion of the glands of Naboth is, however general and active the congestion may be, invariably albuminous, as is readily seen by allowing a fresh discharge to flow into the speculum, without coming in contact with the vaginal walls. This secretion bears a close resemblance to the white of eggs, is clear, translucent, and only occasionally clouded by an admixture of transformed epithelial cells, is thick and adhesive, allowing itself to be drawn out in ropy strings, and is never stagnant in the cervical canal, since the older product is constantly forced onward by the new. This albuminous matter, when discharged into the vagina, and even whilst hanging from the os externum, is more or less coagulated by the vaginal acid, and changed either into an opaque, milky, or cream-colored mass, or broken up into white shreds and flakes.

The cervical mucous membrane does not, like the vaginal, furnish a purulent secretion, except from irritants such as tents and escharotics, but only, even when most intensely congested, a muco-purulent one from a rapid shedding of the epithelial cells. The reason for this peculiarity is, it would seem, that the congestion of the cervical folds is, though constantly fed by the influx of blood, as constantly relieved by the glandular secretion, that also has, from its alkaline nature, a soothing, sedative effect, similar to that exercised by it on the vagina, both in a state of health and disease.

CLASSIFICATION.

The benign diseases of the uterus, for the convenience of study, may be divided into the following classes. It should,

however, be held in mind, that the lines of demarcation here drawn are artificial, and that some of the cases ranked in one class approximate by insensible degrees to those arranged in another.

These classes will be arranged and treated of in the order of their severity, obstinacy, and extent of complications.

Class I.—Nulliparæ and Multiparæ.—Congestion of the cervical canal, uterine catarrh.

Class II.—Multiparæ.—Congestion of the cervical canal, congested circle around the os uteri, with or without the loss of epithelium, and slight congestion and enlargement of the neck.

Class III.—Multiparæ.—Congestion of the cervical canal, congested circle around the os uteri, with or without the loss of epithelium, and congestion and enlargement of the neck.

Class IV.—Multiparæ.—Congestion of the cervical canal, congested circle around the os uteri, with or without the loss of epithelium, congestion and enlargement of the neck, congestion and enlargement of the corpus uteri, and slight congestion of the ovaries and upper portion of the vagina.

Class V.—Multiparæ.—Congestion of the cervical canal, congested circle around the os uteri, with or without the loss of epithelium, congestion and enlargement of the neck, congestion of the erectile coat of the vagina, mucous inflammation of the vagina, and slight congestion of the corpus uteri and ovaries.

Class VI.—Multiparæ.—Congestion of the cervical canal, congested circle around the os uteri, with or without the loss of epithelium, congestion and enlargement of the neck, congestion and enlargement of the corpus uteri, congestion of the ovaries, and erectile coat of the vagina, mucous inflammation of the vagina, and vaginismus.

Class VII.—Nulliparæ.—Congestion of the cervical canal, congestion of the uterus, ovaries, and erectile coat of the vagina, mucous inflammation of the vagina, and vaginismus.

CHAPTER V.

CLASS I.—NULLIPARÆ AND MULTIPARÆ.

Congestion of the Cervical Canal, Uterine Catarrh.

Symptoms, General, Local.—Examination by Touch, by Speculum.—Cases xiv.-xxiv., Complete.—Cases xxv.-xcv., Abbreviated.

A CONGESTION of the genital organs, however trivial, will, by increasing the supply of blood to the muciparous follicles existing in such numbers on the inner face of the uterine neck, cause an augmented secretion, often so abundant as to appear externally in an appreciable quantity, and so constant as to persist months or even years without abatement. In health, most females have the advent of the menses announced by a leucorrhœa, that continues during the flow disguised by the red globules of the blood, and remains a day or two after the colored discharge has ceased, and in amenorrhœa, unless confirmed and of long standing, each monthly period is marked by the "white courses;" but, under no circumstances in a normal condition, is an albuminous secretion present, at all times, in such excess as to be perceptible. Indeed, this secretion, when continuous and copious, is a reliable sign, one almost pathognomonic of uterine disease, so much so, that it becomes our duty to discover by the other symptoms, or by a physical examination, if found requisite, the reason why the function of the mucous follicles is thus inordinately excited.

GENERAL SYMPTOMS.

The general symptoms attending uterine catarrh very much resemble in their character those observed in the male, the result of spermatorrhœa. The analogy between the two is decided, both reducing the vital stamina, exhausting the nerve-power, impoverishing the blood, and weakening the nutritive functions; by which means an extremely debilitated, bloodless, and nervous state is superinduced.

In uterine catarrh the patient's strength is defective and

easily expended; her pulse, soft and of little force; her countenance, pale and sallow; her appetite, poor and capricious; her digestion, slow and labored; her eyes, dull, and bordered by a dark circle; her bowels, sluggish and seldom moved spontaneously, and her gastric, hepatic, and intestinal secretions, perverted. This deterioration of the vital energies often adds to the above symptoms a host of obstinate and distressing nerve-disorders, that increase still further the weakness and prostration, and render success in the treatment less prompt and certain.

LOCAL SYMPTOMS.

The local symptoms, though characteristic, are much less severe than in the graver forms of womb-disease. They are a feeling of weakness or weariness, rather than of positive pain in the lumbo-sacral region, a sense of discomfort in the pelvic cavity, and a constant and sometimes a very copious discharge, that bathing the external parts, andsoiling the under-clothes, appears in white and glutinous strings, or even drops away, when the patient is on her feet, in jelly-like masses. This discharge, an invariable attendant on a mild disease of the Nabothean glands, oftentimes requires the wearing of a napkin, both for the sake of cleanliness and of modesty.

EXAMINATION BY TOUCH.

The neck of the uterus is not increased in size, nor is any other peculiarity to be recognized, excepting the presence of an increased secretion in the vagina. In those women who have been confined, either at term, or prematurely, the os uteri is expanded and slightly everted; but in those who have never been pregnant, or who have aborted at an early day, it retains unchanged its dimple-like contour.

The nature of the products in the vagina—whether blood, mucus, or pus—and their color—whether red, white, brown, or yellow—may be learned, if they are at all free, by observing what adheres to and comes away on the finger.

EXAMINATION BY SPECULUM.

It is seen by the speculum that the neck is of the normal size, and retains its proper color, or at the most, has only a slightly deeper pink hue. The mouth of the multiparous uterus is more open than in the healthy condition, and is filled with and gives exit to a glutinous secretion, sometimes very abundant, that issuing clear and albuminous, is turned to a white color, and partially coagulated by the acid secretion of the vagina. The cervical canal is congested, as can be demonstrated in some instances by the deepened tint, and the intumescence of the labia, and in all by the bright red color of the mucous folds. These folds may be brought into view by separating the patulous lips with the point of the sound, or by partially everting them with a firm upward pressure of the speculum. Occasionally, the mouth of the nulliparous uterus is somewhat tumid, and has an exalted color, and a trivial increase in circumference; but usually it presents its ordinary appearance, and either maintains its natural diameter, or is contracted. The diagnosis under the last-named circumstances is often, to the inexperienced practitioner, extremely difficult. In every case, however, in which the cervical mucous membrane is congested, it will be found that blood follows the introduction of and manipulation with the sound, and that the mucous crypts are constantly elaborating an excessive secretion, which is seen to flow from the uterus, or, when this is not so manifest, to be concreted in white curdy flakes on the vaginal walls. This special product comes, as is now well determined, from the follicles of the inner cervix, inasmuch as there are no other glands above the introitus vulvæ for the secretion of an appreciable amount of mucus.

The dissimilar state of the os tincæ in virgins and child-bearing females is due, as heretofore explained, to the varying tonicity of the cervical muscular fibres—the proper sphincter muscle.

In the histories of the cases that follow, by the term "caustic" is implied a solution of the nitrate of silver of the average strength of forty grains to the ounce of water. This solution

was frequently made at the *Clinique* as required, in which case the nitrate was added to the water, until a drop applied to the tongue caused a tingling sensation, and turned the mucous membrane of a white color. Whenever the "solid caustic" or other agent was resorted to, it is designated by name in the text.

CASE XIV.

Spurious Pregnancy; Milk; Quickening; Leucorrhœa; Recovery.

M. D——, aged 39 years, and married, the mother of a child sixteen years ago, but never the subject of a miscarriage, applied at the *Clinique* November 5th, 1864. She is anæmic and troubled with flatulence, but has a fair appetite and a proper action of the bowels. Last February she began to increase in size, and shortly after, to feel life and have a secretion of milk. Her breasts are larger than natural, and the milk-tubes very evident, but from her being a negress, the signs furnished by the areolæ are not cognizable. Her menses, however, continue free and regular.

Examination by Touch.—The uterus is of the natural size, and in all other respects normal. She was directed to take consecutively two cathartic doses of calomel and resin of jalap.

Nov. 12.—There is no special change. A resinous purgative was ordered every third night, and the tincture of the chloride of iron before meals.

Dec. 3.—The breasts are natural in size, and do not secrete milk. The swelling of the abdomen has decreased, but she complains of weakness in the back, and through the hips, and of a leucorrhœal discharge, symptoms of which she thought little at her first visit.

Examination by Speculum.—The cervical mucous membrane is congested, and bleeds on touch. The glands of Naboth furnish a supersecretion, and a bright redness is seen within the os tincæ, but no other evidences of disease are discoverable.

The resinous purges and iron were continued, and caustic was applied to the inner cervix. As all her symptoms disappeared, it is presumed that the cure was permanent.

CASE XV.

Procidentia; Sterility; Leucorrhœa; Pessary; Recovery.

A. R——, æt. 30, and never pregnant, though married three years, presented herself at the *Clinique* April 2d, 1863. She states that three years before marriage, whilst lifting a heavy weight, her womb protruded externally, and that she came here several months since for this trouble, when a globe pessary was adjusted, which she has continued to wear to the present time, not only with marked advantage, but without any irritation being occasioned by its presence. Finding the instrument of late too small to remain readily in position, she wishes to change it for a larger one.

She always experiences distressing feelings during the accession of her courses, which are otherwise normal. She has sacro-lumbar pain, that extends over the hips to each iliac fossa, and down the thighs in front to the knees. This pain, increased by being on her feet, is attended with a pressing, forcing sensation.

Examination by Touch and Sight.—The neck of the uterus is external, but there is no protrusion of the bladder, or vagina. A ropy, albuminous secretion hangs from the os uteri, which in other respects has a natural appearance.

Caustic was applied on two occasions to the cervical canal, and tonics were directed.

April 16.—A globe pessary somewhat larger than the one formerly employed, was introduced, and injections of alum were ordered.

Jan. 2, 1864.—She still wears the instrument, which she removes, and replaces without difficulty. It occasions no irritation, retains its position readily, affords perfect relief, and does not produce any vaginal discharge. When the menses are coming on, she has unpleasant feelings in the back; but, at other times, any inconvenience she may experience is too insignificant to attract her attention.

Commentary.—In this case, the leucorrhœa was not primary, but secondary to the procidentia, that impeding the return of the venous blood, caused congestion of the uterus, and an increased secretion of the cervical glands. In many, the reverse

is true, the congestion originating the leucorrhœa, increasing the bulk of the uterus, and thus inducing a prolapse, that is further aggravated by the tenseness incited by reflex action.

CASE XVI.

Prolapsus Uteri; Vaginitis, desquamative; Pruritus; Leucorrhœa; Pessary; Recovery.

M. P——, æt. 30, and married the second time, has had one child and two abortions. The symptoms of prolapsus present the past three years, and arising suddenly from lifting, are attended with leucorrhœa, weakness in the small of the back, and itching sensations in the vagina, but with no disturbance in the menstrual function. A feeling of pressure and weight is experienced in the pelvis, particularly on taking active exercise.

Examination by Touch.—The uterus is prolapsed to the floor of the pelvis, and lies in the axis of the excavation. The vagina and bladder are not especially implicated.

Examination by Speculum.—There exist a copious secretion of the cervical follicles, and an increased desquamation of the vaginal epithelium.

Caustic was applied to the inner cervix, and laxatives and vaginal injections of alum were ordered. At the third visit a globe pessary was introduced. This being too large, was in two or three days removed, and replaced by a smaller one. The latter was worn with comfort, and gave perfect relief the three weeks during which she continued to attend the *Clinique*, the pruritus, leucorrhœa, lumbar weakness, and pelvic weight disappearing completely.

Commentary.—This case affords an example of congestion of the inner cervix, and mucous inflammation of the vagina, that were induced by a subsidence of the uterus into the pelvic excavation. It shows that but little treatment may be needed, preliminary to the use of an artificial support, when the leucorrhœal discharge and vaginal desquamation are occasioned by the prolapsed uterus obstructing the return of the venous blood.

CASE XVII.

Polypus; Vaginitis, desquamative; Menorrhagia; Dysmenorrhœa; Leucorrhœa; Recovery.

M. L——, æt. 37, married, and never confined at term or prematurely, has had three miscarriages at about the end of the third month. She is much debilitated, has marked evidences of poverty of the blood, and suffers from the ordinary local symptoms of womb-disease, together with flooding and labor-like pains during menstruation. Five physicians, who had treated her in England, failed to give her any relief. Of this number one only requested an examination, from which, however, he was none the wiser.

Examination by Speculum.—There are present a small mucous polypus of the size of a pea, and attached just within, and projecting slightly beyond the labia uteri; congestion of the cervical canal; hypersecretion of the glandulæ Nabothi; desquamation of the mucous membrane of the vagina, and inflammation of its lower segment.

The polypus was removed by torsion, and tonic remedies were ordered. This patient, for the anæmia induced by the menorrhagia and leucorrhœa, and for a bronchitis contracted whilst visiting the Hospital, was five months under observation. The cervical congestion, the vaginal inflammation, and the menstrual pains subsided immediately on the ablation of the polypus, without other local treatment. The relief was sudden, but permanent.

Commentary.—It is a matter of opinion, whether in this case the polypus occasioned the miscarriages, or the miscarriages the polypus. This much at least is certain, the polypus caused by its presence the cervical congestion, the leucorrhœal secretion, and the vaginitis, as, on the extirpation of this offending growth, these several disorders subsided spontaneously. Usually, however, after this operation, even when a small polypus is the sole cause of the trouble, local applications are demanded for the restoration of the atonic capillaries of the inner cervix to a healthy state.

CASE XVIII.

Non-Involution; Retroversion; Metrorrhagia; Menorrhagia; Amenorrhœa; Leucorrhœa; Recovery; Pregnancy.

M. S——, æt. 28, married two and a half years, and once pregnant, when labor took place at the seventh month, came to the *Clinique* November 15th, 1864. Since her confinement sixteen months ago, she has become fat and full-blooded, and at the present time, she is not suffering from the constitutional disorders, nor the marked local symptoms, peculiar to either benign disease or displacement of the uterus. The only abnormal conditions discoverable are leucorrhœa and amenorrhœa. The leucorrhœa is constant, but not very copious except at the monthly epochs, which she recognizes by the menstrual molimen. The menses made their appearance the fourteenth day after labor, and recurred every second or third week for seven months, but have now, with the exception of a slight red stain on one occasion, been absent since March, 1863.

Examination by Touch.—The fundus uteri, thrown backward, lies near the promontory of the sacrum, and the cervix, tilted forward, impinges on the *bas fond* of the bladder.

On the presumption that the menses were absent from the lack of a sufficient excitability in the uterine organs, a mixture composed of guaiacum, myrrh, and aloes, was given in anticipation of the next period. In patients not deficient in the quality of their blood, whose monthly effort, though abortive, is marked by a white "show," stimulating emmenagogues may, by encouraging the physiological congestion, aid nature and have a beneficial effect.

Nov. 26.—The menses returned a week since. The mixture was redirected in anticipation of the next period.

Sept. 1, 1865.—The menses were present in December and January last from the use of the emmenagogue; but have since failed to appear.

Examination by Speculum.—There are present congestion of the cervical canal, and hypersecretion of its glands.

From the last date to May 15th, 1866, scarification was practised eight, and caustic applied twelve times. Notwithstanding

her faithful attendance for this long period, little permanent good was accomplished thereby, the menses returning three times only, and the leucorrhœa continuing as at first. After each appearance of the menses, the secretion of the glands abated, and a cure seemed on the eve of accomplishment; but on their failure, the congestion of the canal was invariably renewed.

The only general remedies administered were Epsom salts and cream of tartar in laxative doses. These salines were employed for the purpose of reducing the richness and plasticity of the blood, and thus promoting the monthly flow.

Commentary.—This case, seeing that a bloody discharge appeared two weeks after confinement, and then continued to recur at short intervals, periodically, until the menses failed altogether, presents an example of imperfect involution resulting first in metrorrhagia, and then in menorrhagia, but eventually in amenorrhœa. The repletion of the uterine veins, the occasion of the metrorrhagia, by increasing the weight and bulk of the uterus, produced its partial retroversion. This deviation, however, from the fact that the uterus was not incommoded, nor the organs contiguous to it pressed upon, gave rise to no symptoms. After a time the uterus, through its contractile power forcing out the blood stagnant in its veins, returned to its proper size; but still, as the round ligaments continued relaxed and elongated, it held the same abnormal position as at first. For a reason not very clear—certainly not from uterine atrophy, but probably from an error of function—the menorrhagia was succeeded by amenorrhœa, which equally perpetuated the cervical congestion, and leucorrhœa. An amenorrhœa, whether confirmed, or attended with a monthly effort not resulting in a red-colored flow, is a more troublesome complication than menorrhagia, and renders uterine disease scarcely amenable to treatment. The physiological congestion having no outlet by hæmorrhage—no spontaneous depletion—settles down into a permanent torpor of the capillaries, that often resists the resources of the physician.

April, 1867.—This patient becoming pregnant discontinued her visits. She was confined at the seventh month, and has

since that event been perfectly well in every respect, there being neither pelvic symptoms nor menstrual disorders.

CASE XIX.

Non-Involution; Prolapsus Uteri et Vesicæ; Vaginocele; Leucorrhœa; Pessary; Recovery.

M. L——, 32 years of age, and married two years, the subject, a year since at the third month, of a miscarriage from which she dates her illness, applied at the *Clinique* April 13th, 1863. She is thin, weak, and nervous; suffers from a profuse leucorrhœa; has a severe pain in the lumbo-sacral region, over the hips, especially the left, and down the thighs in front to the knees; and experiences a feeling of tension and pressure in the pelvis, whenever she is much on her feet. Her courses appear at their stated time, and are natural in quantity and duration, but are painful, and on over-exertion recurrent.

Examination by Touch.—The uterus is prolapsed, its body lying in the axis of the excavation, and its neck resting near the *fourchette.* The *bas fond* of the bladder is pressed down into the anterior portion of the vagina, and is felt behind the pubic bones as a soft, yielding mass, and the vaginal walls are relaxed, and protruding through the introitus vulvæ.

Examination by Speculum.—There is no disease, excepting congestion of the inner cervix, and hypersecretion of its glands.

In the interval between the 13th of April and the 5th of June, five applications of the nitrate of silver in solution were made to the cavity of the cervix. These cured the uterine leucorrhœa. The tonics, however—iron, quinoidine, colombo, etc.—which were prescribed, had in the mean time effected little towards restoring her flesh and strength, and the old feelings in the pelvis, on walking or carrying burdens, still continued. By touch the uterus was found slightly higher, but the bladder still lower, and the vagina more relaxed than at first.

The tonic treatment was continued, and injections of alum were ordered.

Aug. 5.—A globe pessary was introduced, and medicines and injections were repeated.

Aug. 20.—The patient feels well in every respect. The pessary answers the purpose effectually, and relieves all the local symptoms, with the exception that there is induced, when she works too hard, a sense of forcing and pressure down the pelvic outlet.

Oct. 1.—The pessary dropped away three weeks since. Injections of alum, preparatory to the employment of a larger instrument, were directed. She failed to return until the 13th of January, 1864, when the same directions were repeated. She made another visit March 9th, but, as she was not using the injections, the pessary was not introduced.

On each of these occasions she was free from leucorrhœa, and other pelvic symptoms, excepting those arising from the prolapsus of the uterus, bladder, and vagina. The pessary, judging from its first trial, and its success whilst in position, would have permanently remedied these displacements, had a larger one been adjusted, and proper care exercised on the part of the patient.

Commentary.—As this patient's trouble commenced directly after the miscarriage, when probably, as is common in the lower classes, a proper precaution in keeping abed was not observed, it is presumed, that the uterus by its own weight at once subsided in the pelvis, and by the tension thus brought to bear on the utero-vesical ligament, which is firm and unyielding, dragged the bladder with it into the vagina. This unnatural position, by impeding the recurrent blood, prevented involution, and by displacing the bladder and relaxing the vagina, rendered the prolapse of the uterus permanent. Eventually, however, the womb through its inherent contractility regained its normal size, but still the congestion of the inner cervix and the displacement of the uterus continued. In a case like this, it is important to remove any coëxisting disease of the neck and vagina, before resorting to artificial means of support, and then our efforts to remedy prolapsus will usually be successful.

CASE XX.

Sterility; Dysmenorrhœa; Leucorrhœa; Pregnancy; Abortion.

L. W——, 24 years of age, married two years, and never pregnant, came to the *Clinique* March 30th, 1863. Her health is not sensibly affected. The catamenia are irregular, but profuse, and when coming on, excessively painful. This pain, however, is mitigated as the flow becomes well established. She has at all times distressing feelings in the small of the back, and down the thighs and legs posteriorly, and tenderness in the ovarian and hypogastric regions.

Examination by Speculum.—There exist congestion of the cervical canal, and supersecretion of its glands, but no other morbid condition.

One leech was applied, and four scarifications and five applications of caustic were employed in the interval between March 30th and June 24th. The menses stopped the last part of April, but as she had never had children, impregnation was not suspected. As the treatment progressed, the local disease became very much worse, the neck of the uterus assuming a purplish, and the upper portion of the vagina a deep-red appearance. At the last date, June 24th, pregnancy was from the full, strong pulse, changes in the breasts, etc., diagnosticated, and the local treatment discontinued.

July 10.—She miscarried two days since.

Aug. 21.—The patient, as requested, returned for an examination.

Examination by Speculum.—The cervical disease is the same as at the first visit.

After the above date she failed to attend at the *Clinique.*

Commentary.—This case is an example of the cervical leucorrhœa, and of the sterility to which young women are liable, when marriage is not speedily fruitful. The sexual excitement awakens an intermittent uterine congestion, that is almost sure, sooner or later, should the crowning office of woman be prevented by natural or artificial causes, to terminate in a chronic swelling, and supersecretion of the inner cervix. This swell-

ing and supersecretion, that effectually prevented in this instance the ingress of the semen, being temporarily lessened by the loss of blood, and the stimulus of the nitrate of silver, conception became possible, notwithstanding the disease of the mucous follicles was not wholly removed.

This case, also, is an example of the physiological congestion to which the uterus is subjected for the attainment of that development, requisite for the sustenance of the fœtus, of the aggravation of the pathological congestion by the gravid state, and of the uselessness, if not hazard, of employing topical applications during pregnancy. Although the evolutions attending utero-gestation, whilst they are in progress, always intensify and keep alive any preëxisting disease of the uterus, yet, should labor occur at term, and a perfect involution be secured, a cure would not infrequently be accomplished by the resources of Nature.

CASE XXI.

Retro-lateral Flexion; Sterility; Hyperæsthesia; Vaginitis, desquamative; Menorrhagia; Leucorrhœa; Recovery.

E. K——, æt. 26, married two years, and never pregnant, applied at the *Clinique* September 17th, 1864. Her health failing since marriage, has been extremely poor the past year, and now her blood is very watery, and her weakness very marked. There are also present functional derangement of the stomach and liver, palpitation of the heart, and neuralgic pains in the left mamma and side.

The menses are regular, but profuse, and prolonged from seven to eight days. She has no pain in the back or loins, but complains of pain and soreness in the ovarian and hypogastric regions, a frequent and irresistible desire to urinate, and a constant and free vaginal discharge.

Examination by Touch.—There is retro-lateral flexion of the uterus, its fundus resting near the left sacro-iliac synchondrosis. The entire uterus lies further back in the pelvis than normal, and though its body is not felt in the front part of the pelvis, still its neck maintains the proper level and direction. To the left of the median line, posteriorly, the finger comes to a

cul-de-sac, formed by a bend at the junction of the corpus and cervix. The angle made by this flexure is very acute, and the fundus turned abruptly downward, and brought completely within reach of the finger, is extremely sensitive. This doubling of the uterus upon itself, however, does not press upon the other pelvic organs, drag them out of position, or in any wise interfere with their functions.

Examination by Speculum.—The os uteri is of the normal size, but its lips are tumid, and have an unnatural redness; the glandular secretion is considerable; the epithelial desquamation is augmented, and the mucous membrane covering the cervix, and the upper portion of the vagina, is of a heightened color.

A tonic course of medication—iron, bitters, and a full diet—was enforced, and the solid nitrate of silver applied to the Nabothean glands Sept. 17th, Oct. 4th, 11th, and 25th.

Nov. 1.—The general and local symptoms are much improved. Laxative pills containing blue mass were directed for the gastro-intestinal derangement.

Nov. 22.—The patient has rapidly gained in color and strength, and is now entirely free from pelvic disorders. The tenderness of the uterus has subsided, and the cervix and vagina are assuming a more healthy appearance. The iron, that she has taken from the first, was repeated, and, as the leucorrhœal secretion is still somewhat excessive, the solid nitrate of silver was applied to the cervical canal.

March 21, 1865.—During the interval between November 22d, 1864, and the present date, at which time the patient was dismissed cured, general remedies were alone employed, except on one occasion just after the close of menstruation, when the solid caustic was again applied. The catamenia have recurred regularly the past four months, and been in all other regards normal. The pelvic symptoms, inclusive of tenderness of the uterus, congestion of the inner cervix, supersecretion of the Nabothean glands, and inflammation of the mucous membrane, are removed. In fact, her health is now as good as at any previous period of her life.

CASE XXII.

Anteflexion; Sterility; Menorrhagia; Leucorrhœa; Recovery.

K. B——, æt. 23, married four years and never pregnant, came to the *Clinique* August 22d, 1864. She is very anæmic and greatly prostrated, is troubled with loss of appetite and torpor of the bowels, and has suffered a month or more from nausea and vomiting in the morning.

The menses, that were normal until the past twelve months, now return at no stated time—their intervals varying from three to five weeks—last six or seven days, and are excessive and clotted, but not painful. There are present a constant white discharge, often dropping from her *en masse*, and a feeling of weakness in the small of the back; but no other symptoms of a pelvic origin, such as tenderness at the iliac and hypogastric regions, or burning, scalding, and itching sensations in the vagina.

Examination by Touch.—The cervix holds its proper relation to the vagina, and is unchanged in size or shape. The finger passed along the anterior face of the uterus, comes to a pocket-like depression, formed by the corpus bending forward and downward. This flexure is at the point of union between the body and neck, and is so extreme that the front surface of the cervix and corpus and a part of the fundus are within reach.

This malformation, doubtless congenital, neither incommodes the other pelvic organs, nor is the cause of her present symptoms, that have only existed the past twelve months.

Examination by Speculum.—The glandulæ Nabothi secrete an excess of mucus; the inner cervix is congested, and the outer face of the neck has a deepened color, especially at points scattered here and there, the apices of papillæ.

Gave a cathartic and the tincture of the chloride of iron, and scarified the cervical cavity and labia uteri. The bleeding was very free.

Aug. 27.—The vomiting has ceased, the appetite is returning, and the "whites" are less free than formerly. The general treatment was continued, and as the scarification had reduced

the local congestion, solid caustic was applied to the inner cervix.

Sept. 28.—Mrs. B—— has been absent from the *Clinique* since the 27th of August. The courses, that were present the past week, continued four days, and were natural in quantity. She has only vomited twice the last month, and feels in every particular very much improved. On examination it is found that the uterine disease is cured.

Oct. 20.—She is still troubled with a qualmish, oppressed feeling. The catamenia returned last week, and were normal as to time, duration, and quantity. The constitutional treatment was continued.

Nov. 20.—The nausea and vomiting are again very troublesome, but the uterine congestion has not returned. As this gastric disorder was thought to be prolonged by the unhealthy quality of the bile, two or three doses of purgative pills containing blue mass, were ordered.

March 21, 1865.—Mrs. B—— recovered when under treatment, and has in every respect remained well to the present date.

Commentary.—In the histories of the last two cases, examples of congenital flexure of the uterus, it is observed that this malformation, though doubtless the original cause of the sterility, did not at the first appearance of the menses produce pelvic distress, dysmenorrhœal pains, or a leucorrhœal discharge, and that the uterine symptoms, which arose subsequent to marriage, were due, as the result of treatment showed, to congestion of the inner cervix. This congestion in each patient was promptly subdued, the normal condition of the uterus restored, and all local discomfort removed, without a resort to any of the many procedures for a radical cure, so much in vogue with heroic practitioners of the present day. Indeed, surgical interference is rarely proper, as it is more calculated by far to aggravate than relieve the original trouble.

A doubling of the uterus on itself, provided menstruation is free and painless, and the other pelvic organs are not dragged down, pressed upon, or otherwise disturbed, is unimportant, unless it so happen that impregnation will, by the flexure shutting

out the spermatozoa, be prevented. It is, however, the opinion of the writer that no one is justified in making experiments with hazardous means, the success of which is more than doubtful, in the vain hope of rendering thereby conception possible.

CASE XXIII.

Sterility; Anteversion; Prolapsus Vesicæ; Vaginitis; Pruritus; Menorrhagia; Dysmenorrhœa; Leucorrhœa; Recovery.

Mrs. C——, æt. 28, married four years, and never pregnant, sent for me November 19th, 1866. Her health was perfect, and her menses were normal until about three months after marriage, when just previous to the advent of a period, and after a long walk to and through Greenwood Cemetery, she was attacked with a profuse bloody discharge, and severe pains like those of labor. From that time to the present, the catamenia have returned too frequently, been excessive, lasted five or six days, and excited paroxysmal pains, so severe as to oblige her to take to her bed. These pains abate as the flow makes its appearance, and disappear as it becomes abundant. At all times there are pain and tenderness in the iliac fossæ and hypogastric region, weight and pressure down the pelvic outlet, and irritability and spasm at the neck of the bladder, feelings that are greatly aggravated by walking, or even by standing. The past two years she has had a leucorrhœa, and of late a slight pruritus. Her health has gradually deteriorated, and now she is pale, thin, debilitated, and nervous, and has a poor appetite and a torpid state of the bowels.

Examination by Touch.—The uterus is anteverted, and lies almost horizontally, its neck pointing to the fourth or fifth bone of the sacrum, and its fundus indenting the bladder, and resting behind the pubic bones. The neck of the bladder is pushed downward into the vagina.

Examination by Speculum.—There exist rapid desquamation of the vaginal mucous membrane; a slight increase in the color of the neck; congestion of the cervical cavity, and a free albuminous discharge.

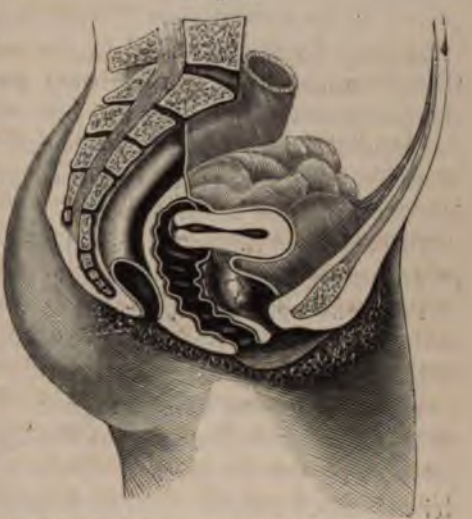
Nov. 19.—Applied one leech, and ordered laxatives and tonics.

Dec. 8.—Applied two leeches the fourth day after menstruation.

Dec. 17 *and* 24.—Applied solid caustic to the cervical cavity, and continued the treatment.

The pruritus vulvæ and the tenderness at the iliac fossæ have disappeared. She feels much relieved of the nervousness, and is regaining the tone of her stomach.

Fig. 30.



Section of pelvis one quarter of life-size.—Anteversion, prolapsus vesicæ.

Dec. 24. — Applied caustic, and scarified.

Jan. 5, 1867.—Applied a leech the third day after menstruation.

Jan. 16 *and* 29.—Applied caustic, and scarified.

Feb. 11 *and* 25.—Applied caustic. At the last date, her health being restored, and the local disease removed, I discontinued my attendance.

The general remedies consisted of means to regulate the bowels, strengthen the stomach, improve the nutrition, and enrich the blood. Magnesiæ sulphas and potassæ bitartras were given each night in small proportions, to obviate the constipation.

July 1, 1867.—Mrs. C—— reports that her health is excellent, as good as at any previous time of her life. The menses are natural in quantity, regular in interval, and unattended with suffering. The leucorrhœa has not returned, and the pelvic pains, even those due to the falling of the uterus forward, have not troubled her since the discontinuance of treatment.

She can endure continuous exercise, and take long walks without experiencing any inconvenience.

Commentary.—The case just given is an example of congestion of the cervix (Class I.) on the point of passing into congestion of the uterus, ovaries, and vagina, (Class VII.) Indeed, judging from the character of the symptoms, there existed a chronic fulness of the pelvic organs. This fact was made apparent by the menorrhagic flow, dysmenorrhœal pains, and constitutional disorders excited by the act of menstruation. Although on a monthly period being passed, the blood receded, the nerve-turmoil subsided, and involution was more or less perfected, still a free albuminous secretion and an exalted color of the cervical and vaginal mucous membranes continued during the menstrual interregnum.

This case also illustrates in a special manner the peculiarities of an anteversion, when occurring in a nullipara, and the *modus operandi* of the causes that tend to the production of this deviation. The physiological congestion at the periods being added to that present at all times in a chronic form, lighted up a supersensitiveness of the uterus. This neuralgic state exciting reflex action, induced the forcing, tenesmetic pains in the pelvis, and the excessive monthly flow being denied a sufficiently rapid exit, rendered these pains expulsive and paroxysmal, like those attending a miscarriage. The contractions of the diaphragm and abdominal muscles, by forcing the intestines upon the uterus, pressed the fundus forward and downward upon the bladder.

This malposition thus temporarily produced by an intermittent cause, was, though mostly disappearing during the absence of the menses, increased each month, until at last the uterus became completely anteverted.

The treatment was based upon the idea that congestion was the starting-point of the disease, and that on its removal the attendants following in its train would also disappear. The result proved the justness of this opinion. It was shown by touch that, as the menses were by local depletion rendered more natural in quantity, and more free from pain, the fundus uteri was less depressed and the bladder less displaced.

In short, in proportion as the congestion abated, the uterus assumed its normal position, and in the end, when all disease was subdued, the symptoms both of congestion and of version disappeared.

CASE XXIV.

Sterility; Retroversion; Hyperæsthesia; Prolapsus Uteri; Dysmenorrhœa; Pessary; Recovery.

M. McC——, æt. 25, married four years and never pregnant, came to the *Clinique* July, 1864. She is weak, thin, pale, nervous, and costive, and has an inordinate appetite and a foul stomach. At the first period after marriage, the courses lasted twenty days, and were very profuse, but now they are natural in duration, quantity, and time of recurrence, but attended with violent dysmenorrhœal pains. She has no tenderness at the lower front portion of the abdomen, but experiences a dragging sensation, that starts in the small of the back and passes forward over the hips. This sensation, when she is on her feet, is increased, and when she takes a long walk or carries a burden, is accompanied with forcing, expulsive pains. At such times there are frequent and distressing calls to pass urine, and extreme irritation at the neck of the bladder. These symptoms, so troublesome in the erect, are entirely relieved in the recumbent posture.

Examination by Touch.—The bladder and vagina are not displaced, but the uterus is prolapsed to the floor of the pelvis, its neck presenting at the introitus vulvæ, and its fundus inclining backward toward the sacro-vertebral prominence.

Examination by Speculum.—The cervix is not changed in appearance, and the os does not discharge an excessive secretion, but the vagina is coated with a pasty, ropy mucus, partially coagulated.

The opinion formed was, that the symptoms, both the general and the local, together with the vaginal discharge, that was composed of cervical mucus and epithelial scales, were caused by the prolapsus, a position of the uterus that often creates sufficient irritation to bring about this result.

Injections of alum having been used the week previous, a

globe pessary was introduced and worn with complete relief until the first of October, except at the monthly periods, when she was obliged to remove it, as by its presence the pelvic pain was aggravated to an extreme degree, and the tenesmus rendered intolerable.

The instrument, however, excited eventually the same uncomfortable sensations between, as it did originally during, the monthly epochs, and was for this reason abandoned for a time.

Examination by Speculum.—The secretion in the vagina has the same character, and is as free as at the first visit. A slight excess of mucus now flows from the cervical cavity.

The conclusion formerly arrived at was, at this stage of the treatment, revised and corrected by making congestion of the womb the primary disorder and the original cause of the leucorrhœa, and also of the irritation that excited the tenesmus.

Oct. 13 *and* 25.—Applied solid caustic to the inner cervix.

Nov. 3.—These applications caused very great pain at the time, and aggravated the dragging, pressing, and forcing feelings that she previously experienced. Since the last visit a bloody "show" has been present on two occasions.

Examination by Speculum.—The neck is covered with a scarlet blush, and is very sensitive; the os is expanded and gives issue to a copious secretion, and the cervical mucous membrane is congested, and bleeds at a mere touch of the sound.

The solid caustic has evidently excited a severe congestion of the substance and of the mucous folds of the cervix. Applied the solid nitrate of silver to the inner cervix, and then directly scarified the labia uteri. The bleeding from the cuts was very free.

Nov. 15.—The symptoms, both the general and the local, are much less urgent. The congestion of the cervix is not apparent, and the secretion of the Nabothean glands is but slightly in excess. Applied the solid caustic to the cervical cavity.

Nov. 26.—The patient now suffers very little from the prolapsus, and only feels inconvenienced when she is much on her feet.

The menses, that returned shortly after her last visit, were attended with less pain than usual. She is much improved in flesh, strength, and blood, and has almost completely regained her health.

A slight leucorrhœal discharge remaining, caustic was applied.

Dec. 6.—As the uterine disease appeared removed, as much so as was practicable by local applications, whilst the uterus held its abnormal position, the pessary was readjusted, and injections of alum were ordered. For the constipation, that has of late been very troublesome, laxatives were prescribed.

Dec. 20.—The pessary was worn until symptoms premonitory of menstruation were felt, when it was removed. The patient, having acquired the tact necessary for the application and removal of the instrument, was ordered to replace it on reaching her home. Particular directions were given in regard to the constipation, that still persisted in spite of the free use of cathartics.

Jan. 19, 1865.—Her bowels are seldom moved, notwithstanding the constant employment of laxative medicine; and the pessary is not tolerated by reason of the tenesmus it occasions. As it was now thought that this excessive irritability of the pelvic organs was aggravated if not occasioned by the fæces impacted in the large intestines, saline purgatives that create watery passages were ordered. Caustic was introduced into the cervical cavity, and the trial of an artificial support discontinued.

Jan. 26.—The treatment was continued.

Feb. 2.—The bearing-down feelings and urinary disorders are not experienced whilst the bowels are kept free. Laxatives were re-directed.

Commentary.—In this case, it is presumed that marriage induced the hyperæmia of which the menorrhagia was symptomatic; and that as a sequel, the uterus, when increased in weight, began to descend in the pelvis by the force of gravity. This hyperæmia continuing was, as is often observed, the cause of the exalted irritability of the pelvic nerves and the expulsive contractions that still further augmented the prolapsus.

The main difficulty in the treatment arose from this supersensitiveness, which rendered the presence of the pessary intolerable, and the occasion of bearing-down sensations. By reason of this nervous condition, the contact of the solid nitrate of silver awakened a temporary congestion of the internal genitalia. This, however, rapidly subsided on the addition of scarification to the local treatment.

In barren females, the irritability observed in this case is far from being uncommon, and in some, it is so extreme as to forbid the use of any kind of support to the uterus.

As the leucorrhœal discharge was insignificant, and the other symptoms not troublesome, whilst her bowels were open, no treatment of the prolapsus, excepting that with saline laxatives, was attempted.

This patient failing to comply with my request to return at a future day, it is unknown whether or not the relief which she obtained was permanent.

CASES XXV.–XCV. ABBREVIATED.

CASE XXV.

Mrs. T——, æt. 30; married. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Os, congested; leucorrhœa. *Symptoms.*—Ordinary pelvic disorders, present; health, unaffected. *Duration.*—Six years. *Cause.*—Labor. *Treatment.*—Four weeks. Caustic. *Result.*—Discharged cured.

CASE XXVI.

Mrs. D——, æt. 23; married; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Complaining since marriage; leucorrhœa; usual symptoms of debility. *Duration.*—Three years. *Cause.*—Sterility. *Treatment.*—None. *Result.*—Made one visit.

CASE XXVII.

Mrs. D——, æt. 27; widow. *Children.*—Three. *Abortions.*—Two. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Os, red and tumid; leucorrhœa. *Symptoms.*—Pain in back, and over hips; dragging, forcing sensations in pelvis; leucorrhœa; nervousness; blood, flesh, and strength, good. *Duration.*—One year.

Cause.—Labor. *Treatment.*—Several weeks. Caustic. *Result.*—Dismissed cured. This patient returned three years afterward, and was, on examination, found free from pelvic disease.

CASE XXVIII.

B. C——, æt. 37; married. *Children.*—Eight. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus and bladder, below normal level. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Not given. *Duration.*—Two and a half years. *Cause.*—Labor. *Treatment.*—Cathartics; scarification, twice; caustic, twice; pessary, adjusted. *Result.*—Uterine disease, cured; symptoms of prolapsus, relieved.

CASE XXIX.

M. C——, æt. 51; married thirty-three years. *Children.*—Twelve. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix; polypus. *Exam. by Touch.*—No displacement. *Exam. by Speculum*—Os, congested; small polypus, attached to inner cervix. *Symptoms.*—Leucorrhœa; dysmenorrhœa. *Duration.*—One year. *Cause.*—Polypus. *Treatment.*—Polypus, removed by torsion. *Result.*—Dismissed cured.

CASE XXX.

M. C——, æt. 36; a widow three years. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus and bladder, low in pelvis. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Not given. *Duration.*—Unknown. *Cause.*—Polypus. *Treatment* and *Result.*—Not recorded.

CASE XXXI.

D. C——, æt. 22; married. *Children.*—Two. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Pelvic symptoms, since birth of second child; menses, regular, but profuse; debility; loss of appetite. *Duration.*—Unknown. *Cause.*—Labor. *Treatment.*—Tonics; vaginal injections. *Result.*—Not recorded.

CASE XXXII.

M. B——, æt. 25; single. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Uneasiness in back and hips; menses, regular, but painful and prolonged; anæmia; anorexia; constipation.

Duration.—Two years. *Cause.*—Unknown. *Treatment.*—Tonics; laxatives. *Result.*—Not recorded.

CASE XXXIII.

M. H. H——, æt. 31; married. *Children.*—Six, last five years old. *Abortions.*—Four at third month. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Miscarried four times since last child; menses, regular, but scanty and painful; pain in back; vesical irritation; pressure and forcing on walking; appetite, capricious; disorder of liver. *Duration.*—Four years. *Cause.*—Abortion. *Treatment.*—Caustic. *Result.*—Made one visit.

CASE XXXIV.

M. B——, æt. 19; married three years; nullipara. *Diagnosis.*—Congestion, and narrowing of inner cervix. *Exam's.*—None. *Symptoms.*—Has had dysmenorrhœa since first menstruation; menses are regular, and last three days, but are scanty and pale; leucorrhœa; tenderness in iliac fossæ; general condition, fair. *Duration.*—Since puberty. *Cause.*—Stricture, probable. *Treatment.*—None. *Result*—Made one visit.

CASE XXXV.

M. C——, æt. 33; married second time, last three months since; nullipara. *Diagnosis.*—Congestion of inner cervix; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus and bladder, sunk in pelvis. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—No pain in back; pain over hips, and in front; leucorrhœa; burning and scalding sensations in vagina; stomach, disordered; bowels, irregular. *Duration.*—Five years. *Cause.*—Sterility. *Treatment.*—Cathartics with blue mass; tonics; caustic, twice. *Result.*—Made three visits.

May, 1870.—Mrs. C—— was cured when under treatment, afterward became pregnant, and now has a boy seven years old.

CASE XXXVI.

B. T——, æt. 25; married four years; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses, regular, but scanty and painful; pain through back and hips; no tenderness in front; no pruritus, or other pelvic symptom, excepting leucorrhœa; derangement of liver, stomach, and bowels. *Duration.*—Ten years. *Cause.*—Stricture, probable. *Treatment.*—Cathartic. *Result.*—Made one visit.

CASE XXXVII.

L. T——, æt. 30; single. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Complaining since an attack of dysentery; menses, every two or three weeks; pain in back and hips; leucorrhœal discharge, free and yellow-colored; stomach, liver, and bowels disordered; nervousness; anæmia. *Duration.*—One year. *Cause.*—Dysentery. *Treatment.*—General remedies. *Result.*—Made several visits at long intervals. Her health improved, but the pelvic symptoms remained unchanged.

CASE XXXVIII.

E. C——, æt. 32; married. *Children.*—One sixteen years old. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix; polypus; prolapsus uteri et vesicæ. *Exam. by Touch.*—Cervix, near perinæum; *bas fond*, bulging into vagina. *Exam. by Speculum.*—Os, congested; polypus, twice the size of a pea, just within cervical cavity. *Symptoms.*—Menses, normal; weakness in back; leucorrhœa; scalding, burning, and itching sensations in vagina; tenesmus and pressure in pelvis when walking; dyspepsia; nervousness; anorexia; debility. *Duration.*—Unknown. *Cause.*—Polypus. *Treatment.*—Polypus, removed by torsion; caustic, applied once. *Result.*—On examination six months after treatment, the uterus was found free from disease, but still prolapsed.

CASE XXXIX.

M. C——, æt. 19; married a year; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses, regular, but very free; no decided pelvic symptoms; gastric and hepatic disorder. *Duration.*—Six months. *Cause.*—Sterility. *Treatment.*—General remedies. *Result.*—Made three visits.

CASE XL.

M. B——, æt. 18; single. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses appeared in her twelfth year, and now return about every fourteen days; leucorrhœa; anæmia. *Duration.*—Seven years. *Cause.*—Anæmia. *Treatment.*—Tonic. *Result.*—Made one visit.

CASE XLI.

A. P——, æt. 30; married. *Children.*—Two, second four years old. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix;

prolapsus uteri. *Exam. by Touch.*—Uterus, prolapsed slightly. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Menses, regular but painful; pain in back and over hips; tenderness above pubes; leucorrhœa; pressure and forcing when walking; health, good. *Duration.*—Two years. *Cause.*—Unknown. *Treatment.*—Six weeks. Laxatives; caustic, several times. *Result.*—Mrs. P—— was very much better at the last visit. She discontinued her attendance before the cure was completed.

CASE XLII.

M. S——, æt. 19; single. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses appeared in her sixteenth year, and were normal, but have since become more and more painful, and are now attended with gastralgia, headache, uterine colic, and aching, rheumatic feelings, which symptoms abate with the flow; at one monthly period, expectorated blood; patient of full habit. *Duration.*—Two years. *Cause.*—Stricture, probable. *Treatment.*—Purgative; reduced diet. *Result.*—Made one visit.

CASE XLIII.

M. R——, æt. 21; married five months; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses were normal before marriage, but now are both too free and too frequent; vaginal discharge, profuse, and of a yellow color; no pelvic pains; bowels, costive; stomach, disordered. *Duration.*—Five months. *Cause.*—Sterility. *Treatment.*—None. *Result.*—Made one visit.

CASE XLIV.

J. S——, æt. 28; single. *Diagnosis.*—Congestion of inner cervix. *Exam.'s.*—None. *Symptoms.*—Menses, regular, but light-colored and scanty; weakness in back and over hips; tenderness in front; burning, itching sensations in vagina; leucorrhœa, copious. *Duration.*—Five months. *Cause.*—Unknown. *Treatment.*—None. *Result.*—Made one visit.

CASE XLV.

S. R——, æt. 24; married two years. *Children.*—One at eighth month. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix. *Exam.'s.*—None. *Symptoms.*—Menses, normal; pains in lumbo-sacral region; leucorrhœa, copious, and of a yellow color; pain in breasts on

advent of menses; anæmia; dyspepsia. *Duration.*—One year. *Cause.*—Labor. *Treatment.*—None. *Result.*—Made one visit.

CASE XLVI.

J. G——, æt. 29; single. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses, normal with the exception of considerable pain at their accession; leucorrhœa, constant; pain in back, through hips, and down back of thighs and legs; anæmia; constipation; anorexia. *Duration.*—Nine months. *Cause.*—Unknown. *Treatment.*—General remedies. *Result.*—Made two visits.

CASE XLVII.

J. W——, æt. 19; married two years; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Labia uteri, of red color. *Symptoms.*—Menses return every third week, last about seven days, and are clotted and attended with great pain; no leucorrhœa; tenderness over abdomen; anæmia; appetite, good. *Duration.*—Two years. *Cause.*—Sterility. *Treatment.*—Iron; bitters; caustic. *Result.*—Made one visit.

CASE XLVIII.

E. McG——, æt. 28; single. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses, excessive and painful, but otherwise normal; leucorrhœa, copious and of yellow color; weakness in sacrum; no tenderness in front; anæmia; constipation; anorexia. *Duration.*—Three months. *Cause.*—Anæmia. *Treatment.*—Laxatives; iron; bitters. *Result.*—Made two visits.

CASE XLIX.

F. J., æt. 20; married fifteen months; nullipara. *Diagnosis.*—Congestion of inner cervix; polypus. *Exam. by Speculum.*—Os, red; polypus, attached to cervical mucuous membrane. *Symptoms.*—Menses, scanty, light-colored, and painful before marriage, and since, still more so; weakness, but no pain in back; leucorrhœa, free and colored yellow; no tenderness in iliac and hypogastric regions; no burning or itching sensations in vagina; no pressure or weight on walking; anæmia, marked; appetite, poor; bowels, bound. *Duration.*—Five months. *Cause.*—Polypus. *Treatment.*—Oct. 5th to Dec. 16th. Cathartics; iron; bitters; polypus the size of a pea, removed by torsion; caustic, twice. *Result.*—At the last visit Mrs. J——

was found cured of the uterine disease, and from the cessation of the menses and the presence of the breast-signs, pronounced pregnant.

CASE L.

K. F——, æt. 23; married five years; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses return every third week, continue six days, and are light-colored, but not especially painful; leucorrhœal discharge, copious and yellow-colored; pain in back, and over right hip; tenderness in right iliac fossa; no inconvenience from walking, and no scalding or itching feeling in vagina; anæmia; anorexia; constipation. *Duration.*—Five years. *Cause.* Sterility. *Treatment.*—None. *Result.*—Made one visit.

CASE LI.

Mrs. T——, æt. —; married eight years; nullipara. *Diagnosis.*—Congestion, and narrowing of inner cervix. *Exam. by Speculum.*—Os and inner cervix, contracted; leucorrhœa. *Symptoms.*—Menses are regular, but scanty and painful; weakness of back; leucorrhœa, free and constant; dysmenorrhœa; anæmia, marked; countenance, sallow and pasty. *Duration.*—Since puberty. *Cause.*—Stricture of cervix. *Treatment.*—Introduced sponge tent. *Result.*—Made one visit.

CASE LII.

E. K——, æt. 23; married four years; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Redness of labia uteri; leucorrhœa. *Symptoms.*—Menses appeared in her seventeenth year, and were regular and natural until twelve months after marriage, when they became very painful; pain goes off with the flow, which is very free and lasts a week; patient at other times is in perfect health, and has not a solitary pelvic symptom. *Duration.*—Three years. *Cause.*—Sterility. *Treatment.*—Two months. Scarification, twice; caustic, once. *Result.*—Dismissed cured.

Mrs. K—— was under observation for some time after the conclusion of treatment. The menses returned without pain, and were normal in quantity and duration.

CASE LIII.

J. G——, æt. 23; married. *Children.*—None. *Abortions.*—One, at third month. *Diagnosis.*—Congestion of inner cervix; prolapsus vesicæ. *Exam. by Touch.*—Bladder, bulging into vagina. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Complaining since mis-

carriage; menses present every third week; pain in back, over hips, and down left thigh to knee in front; tenderness in left iliac fossa; sense of pressure on walking; vaginal discharge, thick, yellow, and profuse; urination, frequent and painful. *Duration.*—Three or four months. *Cause.*—Abortion. *Treatment.*—Caustic, four times. *Result.*—She came to the *Clinique* Jan. 25th, 1864, and became pregnant the March following.

Aug., 1865.—Mrs. G—— was confined at term, and has since that event remained in perfect health.

CASE LIV.

M. R——, æt. 38; widow. *Children.*—Three. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Menses, regular, but too free and prolonged; leucorrhœa, thick and yellow; urine comes away on walking; pain in back, over hips, and down right thigh and leg posteriorly; no tenderness in front; patient, corpulent and full blooded. *Duration.*—Five years. *Cause.*—Unknown. *Treatment.*—Caustic, twice. *Result.*—Made two visits.

CASE LV.

B. G——, æt. 30; married a year; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses, normal until six years ago, when they were suppressed by wetting her feet; now menses, scanty, and ushered in with intense suffering, that abates with the flow; no pelvic symptoms, even leucorrhœa, in the menstrual intervals; anæmia; lichen; torpor of liver. *Duration.*—Six years. *Cause.*—Suppressio mensium. *Treatment.*—Calomel in cathartic doses. *Result.*—Made two visits.

CASE LVI.

M. S——, æt. 35; married. *Children.*—Two, second fourteen years old. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Menses, a mere stain; vaginal discharge varies from a white to a yellow color; pain in back and over loins, particularly when taking exercise; slight cough a year. *Duration.*—Six months. *Cause.*—Unknown. *Treatment.*—Tonic; caustic. *Result.*—Made one visit.

CASE LVII.

B. S——, æt. 30; married eight years. *Children.*—None. *Abortions.*—One, at second month. *Diagnosis.*—Congestion of inner cer

vix. *Exam's.*—None. *Symptoms.*—Menses have an interval of from three to eight weeks, and are attended with pain in back, over hips and down thighs in front to knees; a feeling of pressure in pelvis when walking; a copious mucous discharge the past year; anæmia; anorexia. *Duration.*—Six years. *Cause.*—Abortion. *Treatment.*—None. *Result.*—Made one visit.

CASE LVIII.

Mrs. M——, æt. 22; married three years; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses return every three weeks, last six days, and are free, and attended the first day with great suffering; pain in back and through hips; no leucorrhœa; stomach, disordered. *Duration.*—Three years. *Cause.*—Sterility. *Treatment.*—Cathartics. *Result.*—Made two visits.

CASE LIX.

M. McC——, æt. 24; married three years; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Os and Nabothean glands, congested. *Symptoms.*—Ill health dates from marriage; menses were formerly normal, but now are attended with great suffering; weakness in back; pressure in pelvis on exercise; anæmia; constipation; anorexia. *Duration.*—Three years. *Cause.*—Sterility. *Treatment.*—Tonics; scarification, once; caustic, three times. *Result.*—This patient reported, three months after treatment, that she was free from pelvic symptoms, and well in every other respect.

CASE LX.

M. R——, æt. 24; married six years; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Pain in back, through right hip, and down right thigh; leucorrhœa; anæmia; coldness of extremities. *Duration.*—Two and a half years. *Cause.*—Unknown. *Treatment.*—Tonic; scarification. *Result.*—Made one visit.

CASE LXI.

M. G——, æt. 32; a widow three years; nullipara. *Diagnosis.*—Congestion of inner cervix; vaginitis, desquamative. *Exam. by Speculum.*—Leucorrhœa; deepened color of vagina. *Symptoms.*—Leucorrhœa; debility; dyspepsia. *Duration.*—Unknown. *Cause.*—Unknown. *Treatment.*—Tonic; caustic. *Result.*—Made one visit.

CASE LXII.

M. M——, æt. 30; married. *Children.*—Six. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix; polypi. *Exam. by Speculum.*—Two small polypi hang from os uteri. *Symptoms.*—Not given. *Duration.*—Unknown. *Cause.*—Polypi. *Treatment.*—Polypi removed by torsion. *Result.*—The operation, it is presumed, effected a cure. The patient did not return.

CASE LXIII.

M. T——, æt. 40; married. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix; polypus. *Exam. by Speculum.*—Leucorrhœa; polypus, projecting from cervical canal. *Symptoms.*—Menses, scanty two years, but absent at last five periods. *Duration.*—Two years. *Cause.*—Polypus. *Treatment.*—Polypus, removed by torsion. *Result.*—Made one visit.

April, 1865.—This patient, treated three years ago, has continued well, and free from pelvic symptoms to this date.

CASE LXIV.

M. L——, æt. 21; single. *Children.*—One, four and a half years old. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus, below normal level; bladder, sunk in vagina. *Exam. by Speculum.*—Leucorrhœa; os, congested. *Symptoms.*—Ill since confinement; menses return every third week, last eight days, and are painful; mucous discharge; burning, itching, and scalding sensations in vagina; frequent and painful micturition; pressure in pelvis on walking; anæmia; constipation; anorexia. She has been treated three months, locally, by Dr. ——, without benefit. *Duration.*—Four and a half years. *Cause.*—Labor. *Treatment.*—Tonic; laxative; caustic. *Result.*—Made one visit.

CASE LXV.

B. McN——, æt. 35; married. *Children.*—One, six years ago. *Abortions.*—One, at third month. *Diagnosis.*—Congestion of inner cervix; prolapsus uteri; vaginocele. *Exam. by Touch.*—Uterus, sunk in pelvis; posterior wall of vagina, external. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Weakness in back; no pain or tenderness at brim of pelvis; mucous discharge, in lumps; other pelvic symptoms, insignificant; anæmia; anorexia; nervousness; gastric and hepatic disorder. *Duration.*—Nine months. *Cause.*—Prolapsus.

Treatment.—Tonics; laxatives; alum injections; pessary. *Result.*—The injections were used a week, and then a globe pessary was adjusted. Subsequently she did not return. In this case the leucorrhœa was thought to arise from the prolapsus.

CASE LXVI.

C. F——, æt. 37; married five years; nullipara. *Diagnosis.*—Congestion of inner cervix; polypus; vaginitis, desquamative. *Exam. by Speculum.*—Polypus the size of a pea, in cervical cavity; vagina of deep-red color. *Symptoms.*—Menses, normal; no pelvic symptoms, excepting leucorrhœa and back-ache; health, impaired. *Duration.*—Four years. Cause.—Polypus. *Treatment.*—Torsion of polypus; caustic, twice. *Result.*—Made three visits.

As the polypus occasioned the leucorrhœa, the latter was doubtless removed by the removal of the former.

CASE LXVII.

C. B——, æt. 22; single. *Diagnosis.*—Congestion of inner cervix; anteflexion. *Exam. by Touch.*—Corpus, bent forward on cervix. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Menses appeared in her nineteenth year, and were always scanty, but have the last few months been a mere red stain; leucorrhœa, slight; pain in back and hips; tenderness in front; dragging, pressing sensations on walking; indigestion; flatulence; cold extremities; anæmia. She has been under the care of ten doctors, all of whom examined her with speculum. *Duration.*—Since puberty. *Cause.*—Anteflexion. *Treatment.*—Tonic; scarification. *Result.*—Made one visit.

CASE LXVIII.

M. T——, æt. 33; married. *Children.*—Eleven. *Abortions.*—Two, at third month. *Diagnosis.*—Congestion of inner cervix; retroflexion. *Exam. by Touch.*—Fundus in hollow of sacrum; cervix, carried forward, but pointing in right direction. *Exam. by Speculum.*—Leucorrhœa. On her side, an imperfect view of the os was obtained; but on her back, the fundus came into the extremity of the speculum. *Symptoms.*—Ill since last confinement; menses return every third week, are free and clotted, and last ten days; mucous discharge; pressure down on walking; frequent urination; no pain in back, hips, or thighs, nor other severe pelvic symptom; no obstruction of rectum, but only a sense of something hindering a free movement of bowels; extreme exhaustion; loss of voice. *Duration.*—One and a half years. *Cause.*—Retroflexion.

Treatment.—Feb. 23d to May 3d. General remedies; scarification, once. *Result.*—The menses became normal, the retroflexion gave no marked inconvenience, and her health was somewhat improved, when she discontinued her visits. This case shows that even an extreme flexure is not necessarily as grave an accident as is commonly supposed.

CASE LXIX.

B. O'N——, æt. 30; married five years; nullipara. *Diagnosis.*—Congestion of inner cervix; anteflexion. *Exam. by Touch.*—Uterus, bent forward at union of body and neck. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Complaining since puberty; severe dysmenorrhœa; pain in back and hips; tenderness in front; frequent urination; mucus in urine; debility; anorexia; constipation. *Duration.*—About fifteen years. *Cause.*—Anteflexion. *Treatment.*—Mar. 14th to Apr. 5th. Tonics; laxatives; caustic, three times. *Result.*—The leucorrhœa had disappeared, but the urinary disorder was still troublesome when she intermitted her visits.

CASE LXX.

K. M——, æt. 34; married. *Children.*—Five, last three years old. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus, in the normal position, but at a low level; bladder, pushed into vagina. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Menses, normal; mucous discharge; pain in lumbar region; tenderness in iliac fossæ; debility; loss of appetite; intermittent neuralgia. *Duration.*—A year and a half. *Cause.*—Unknown. *Treatment.*—Tonics; scarification, twice. *Result.*—Made three visits. Whether or not she was benefited is unknown.

CASE LXXI.

A. C——, æt. 24; single. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses return in from two to four weeks, last eight days, and are very free, but not painful; leucorrhœa; no pelvic pains; anæmia, marked. *Duration.*—Three years. *Cause.*—Anæmia. *Treatment.*—Feb. 1st to Apr. 24th. General remedies; iron; bitters, etc. *Result.*—Her health was much improved, but the leucorrhœa remained the same as at first.

CASE LXXII.

M. S——, æt. 21; married; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Erosion; leucorrhœa. *Symp*

toms.—Menses appeared in her fifteenth year, and then returned every third week, and were painless; since marriage, menses attended with much suffering; leucorrhœa, constant and profuse; pain in back; tenderness in iliac fossæ; marked anæmia; palpitation of heart; anorexia. *Duration.*—Ten months. *Cause.*—Sterility. *Treatment.*—Tonics; caustic, once. *Result.*—Made two visits.

CASE LXXIII.

C. M——, æt. 23; single. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses return regularly, but last a week, and are excessive and painful; weakness in back; leucorrhœa, constant; no tenderness in front; pruritus, slight; anæmia; nervousness; stomach, disordered. *Duration.*—Unknown. *Cause.*—Unknown. *Treatment.*—General remedies. *Result.*—Made two visits.

CASE LXXIV.

M. A. W——, æt. 28; married twelve years. *Children.*—None. *Abortions.*—One, at third month. *Diagnosis.*—Congestion of inner cervix. *Exam. by Touch.*—No displacement. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Ill health dates from the abortion, that occurred six months after marriage; menses appeared in her fifteenth year, and were normal; since miscarriage, menses return every three weeks, and are painful; dragging and weight in pelvis; frequent micturition; anæmia; constipation. *Duration.*—Eleven years. *Cause.*—Abortion. *Treatment.*—Seven months. Iron; bitters; scarification, nineteen times. *Result.*—She improved from the first in every respect, and was nearly cured, when she discontinued her visits. Whether or not her recovery was complete is unknown.

CASE LXXV.

M. H——, æt. 32; married. *Children.*—One, ten years old. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix; anteflexion; prolapsus uteri. *Exam. by Touch.*—Uterus, bent forward, and slightly sunk in pelvis. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Menses present about every twenty days; pain in back, extending down thighs and legs, posteriorly; bearing-down sensations on exercise; micturition, frequent and painful; pruritus; constitutional symptoms, insignificant. *Duration.*—Ten years. *Cause.*—Anteflexion. *Treatment.*—Laxatives; caustic, twice. *Result.*—The uterine disease was permanently cured by these two applications. The patient was seen on several occasions after her dismissal.

CASE LXXVI.

M. M——, æt. 35; married ten months; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Menses return in from three to four weeks, and are always very free and painful; the greater the flow, the greater the pain; vaginal discharge, thick, yellow, and copious; pruritus, slight; pain in back, extending through hips; tenderness in iliac fossæ. *Duration.*—Eight months. *Cause.*—Sterility. *Treatment.*—Iron; bitters; caustic, twice. *Result.*—The leucorrhœa disappeared after the second application of caustic. At the third visit she was ordered general remedies. Subsequently she did not return.

CASE LXXVII.

M. B——, æt. 40; married. *Children.*—Six, one at seventh month. *Abortions.*—Two, one at fifth month. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Menses, on being suppressed, were absent five months, but now are present every second, third, or fourth week; vaginal discharge, mucus; weakness in lumbar region; forcing, bearing-down feelings on walking; micturition, frequent; no pruritus; no constitutional symptoms. *Duration.*—One year. *Cause.*—Suppressio mensium. *Treatment.*—Scarification and caustic each, once. *Result.*—At the third visit the leucorrhœa being slight in amount, it was proposed, since the pelvic pains still continued, to make an examination with the finger on her return. She did not again present herself.

CASE LXXVIII.

C. R——, æt. 27; married two years. *Children.*—None. *Abortions.*—Four, at third month. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—The ordinary pelvic disorders; anæmia. *Duration.*—One and a half years. *Cause.*—Abortion. *Treatment.*—Dec. 12th to Jan. 18th. Scarification, five times. *Result.*—The cure was nearly completed, when she interrupted her visits.

March 1. Mrs. R—— is pregnant and progressing favorably. The pelvic disorders have not returned.

CASE LXXIX.

H. R——, æt. 25; married two years; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Menses appeared once in her twelfth year, and then were absent three years, but now are irregular, excessive, and painful;

mucous discharge; pain in lumbar region; urinary disorder; anæmic symptoms; malarious cachexy. She had been attended by two physicians within the eighteen months previous to her visiting the *Clinique*. *Duration.*—Two years. *Cause.*—Sterility. *Treatment.*—Feb. 6th to Mar. 9th. Quinia; iron; scarification, three times. *Result.*—Dismissed cured.

CASE LXXX.

L. E——, æt. 23; married three years; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Leucorrhœa; cervical canal bleeds on touch. *Symptoms.*—Menses, normal; vaginal discharge, mucus; pain in right hip; tenderness in right iliac fossa; a sense of pelvic weight on walking; micturition, frequent; healthy before marriage, but since, had rheumatism several times; anæmia, marked; gastric and intestinal disorder; semi-jaundice. *Duration.*—Three years. *Cause.*—Anæmia. *Treatment.*—Calomel in purgative dose; tonics; scarification, once. *Result.*—Made one visit.

CASE LXXXI.

C. H——, æt. 30; married two years; nullipara. *Diagnosis.*—Congestion of inner cervix; prolapsus uteri; vaginitis, desquamative. *Exam. by Touch.*—Uterus, in axis of excavation; os, at introitus. *Exam. by Speculum.*—Leucorrhœa; congestion of lower part of vagina. *Symptoms.*—Menses return every third week, and are excessive and clotted; vaginal discharge, slight; weakness in back; tenderness and pain in left ovarian region; other pelvic symptoms, trivial; anæmia; flatulence; acidity; appetite, good; bowels, moved once a week. *Duration.*—Two years. *Cause.*—Sterility. *Treatment.*—Mar. 17th to Apr. 7th. Iron; laxatives; caustic, (solid,) Mar. 17th, scarification, Mar. 30th. *Result.*—Discontinued her visits. Apr. 7th.—The solid caustic aggravated all the symptoms. These were relieved by the scarification. It is scarcely probable that any permanent advantage was gained by so short an attendance.

CASE LXXXII.

Mrs. R——, æt. 26; married; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Menses return about every twenty-one days, and are copious and very painful; lumbar pains; vaginal discharge, mucus. *Duration.*—Two years. *Cause.*—Sterility. *Treatment.*—Scarification. *Result.*—Made one visit.

CASE LXXXIII.

M. O——, æt. 22; single. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses return in from fourteen to sixteen days; leucorrhœa, copious; bowels, torpid; appetite, good; anæmia; corpulency; constipation. *Duration.*—Five years. *Cause.*—Anæmia. *Treatment.*—Tonic; laxative. *Result.*—Made one visit.

CASE LXXXIV.

I. H——, æt. —; married two years; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses, regular, but scanty and painful; leucorrhœa; lumbar pains; anæmia; shortness of breath; palpitation of heart; anorexia; constipation. Purpuragic spots showed themselves at the last two periods. They were due either to the watery state of the blood, or to the scantiness of the menses. *Duration.*—Two years. *Cause.*—Anæmia. *Treatment.*—Tonics; purgatives. *Result.*—The purpura disappeared, and her health improved, but, as she did not present herself at the next menstruation, the result is unknown.

CASE LXXXV.

M. P——, æt. 27; married. *Children.*—Two. *Abortions.*—None. *Diagnosis.*—Congestion of the inner cervix. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Menses return every third week, and are copious; vaginal discharge, constant; pain in back, passing over hips, and down thighs in front; tenderness in left iliac fossa, and in hypogastrium; debility; anorexia. *Duration.*—Unknown. *Cause.*—Unknown. *Treatment.*—Tonics; caustic' once. *Result.*—Made two visits.

CASE LXXXVI.

M. S——, æt. 25; married; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam. by Touch.*—No prolapsus. *Symptoms.*—Complaining since marriage; menses, ushered in with pain, but otherwise normal; pain, relieved by flow; leucorrhœa; pressure in pelvis on walking; strength, defective; appetite, poor; bowels, bound. *Duration.*—Two years. *Cause.*—Sterility. *Treatment.*—Cathartics; bitters; iron. *Result.*—Made three visits. Her health was somewhat improved. She declined to submit to a speculum examination.

CASE LXXXVII.

C. W——, æt. 35; married. *Children.*—Two. *Abortions.*—One, at fourth month. *Diagnosis.*—Congestion of inner cervix; polypus; procidentia. *Inspection.*—Neck, external; small polypus, in cervical canal; leucorrhœa. *Symptoms.*—Menses returned two months after second labor, and have since been copious and painful; on reappearence of menses, a tumor presented itself at the vulva; labor, normal; weakness, and aching feelings through back and hips, when on her feet; no tenderness in iliac or hypogastric regions; debility; anorexia. *Duration.*—Two years. *Cause.*—Polypus. *Treatment.*—Polypus, removed by torsion; tonics; injections of alum. *Result.*—Made one visit.

It is probable that the cervical disease disappeared, and that the procidentia gave no further trouble upon the removal of the polypus, a constant source of irritation.

CASE LXXXVIII.

E. F——, æt. 45; married; multipara. *Diagnosis.*—Congestion of inner cervix; polypus. *Exam. by Speculum.*—Leucorrhœa; small polypus, hanging from os. *Symptoms.*—Menses present once only the last six months; mucous discharge; pelvic symptoms, slight; forcing sensation in pelvis at times; debility, extreme; vomiting, constant. *Duration.*—Six months. *Cause.*—Polypus. *Treatment.*—Polypus, removed by torsion; caustic. *Result.*—Made one visit. Her recovery was probably complete.

CASE LXXXIX.

Mrs. M——, æt. 26; married six years; nullipara. *Diagnosis.*—Congestion and narrowing of inner cervix. *Exam. by Speculum*—Os, the size of a pin's point. *Symptoms.*—Complaining since puberty; the usual pelvic symptoms; great pain at periods; patient healthy and strong. *Duration.*—Ten years. *Cause.*—Stricture. *Treatment.*—Four weeks. Dilatation with bougies, and then with sponge tents. *Result.*—Discontinued her visits. The next menstruation was nearly painless. Whether or not the improvement was permanent, is unknown.

CASE XC.

Mrs. St. C——, æt. 28; married. *Children.*—Two, second two years old. *Abortions.*—One. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Leucorrhœa. *Symptoms.*—Complaining since

miscarriage, when she lost much blood; menses return about every fifth week, and are scanty and very painful; pain, labor-like; weakness in back and over hips; leucorrhœa; anæmia. *Duration.*—Sixteen months. *Cause.*—Abortion. *Treatment.*—General remedies. *Result.*—It was thought necessary to remove the anæmia, and thus indirectly restore the menses before instituting the local treatment. She attended for a time, was greatly benefited, and then discontinued her visits.

CASE XCI.

E. H——, æt. 35; married; nullipara. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses, scanty and attended with pain; pain in the back and over hips; leucorrhœa; muscular rheumatism; hepatic and gastric disorder. *Duration.*—Unknown. *Cause.*—Unknown. *Treatment.*—Blue mass; liquor potassæ. *Result.*—Made one visit.

CASE XCII.

C. M——, æt. 21; married five years. *Children.*—One, three years old. *Abortions.*—None. *Diagnosis.*—Congestion of inner cervix. *Exam's.*—None. *Symptoms.*—Menses return about every fourteenth day, and are free and painful; weakness in back; no leucorrhœa; no forcing, dragging feelings in pelvis. *Duration.*—Three months. *Cause.*—Unknown. *Treatment.*—None. *Result.*—Made one visit.

CASE XCIII.

M. A. H——, æt. 43; single. *Diagnosis.*—Congestion of inner cervix. *Exam. by Speculum.*—Redness of os uteri. *Symptoms.*—The usual local symptoms; debility; nervousness; anorexia; gastric and hepatic disorder. *Duration.*—Three months. *Cause.*—Change of life. *Treatment.*—Two months. General remedies; caustic. *Result.*—Dismissed cured.

Three years after treatment, Mrs. H—— reported that she had until the last week or two continued free from pelvic symptoms. These, however, proved unimportant.

CASE XCIV.

A. L——, æt. —; married; multipara. *Diagnosis.*—Uterine disease. *Exam. by Speculum.*—Not recorded. *Symptoms.*—The history of this case is lost. *Duration.*—Unknown. *Cause.*—Unknown. *Treatment.*—Local applications. *Result.*—Mrs. L—— reported, 1864, that she was cured when under treatment two years previous, and that she was still feeling quite well in every particular.

CASE XCV.

Mrs. T——, æt. —; married; multipara. *Diagnosis.*—Uterine disease. *Exam. by Speculum.*—Not recorded. *Symptoms.*—This patient reported at the *Clinique* 1866. She formerly suffered from womb-disease and prolapsus, and recently was confined at term. *Duration.*—Unknown. *Cause.*—Unknown. *Treatment.*—Local applications. *Result.*—She was cured, and wore a pessary with marked relief.

CHAPTER VI.

CLASS II.—MULTIPARÆ.

Congestion of the Cervical Canal, Congested Circle around the Os Uteri, with or without the Loss of Epithelium, and Slight Congestion and Enlargement of the Neck.

CLASS III.—MULTIPARÆ.

Congestion of the Cervical Canal, Congested Circle around the Os Uteri, with or without the Loss of Epithelium, and Congestion and Enlargement of the Neck.

Symptoms General, Local—Examination by Touch, by Speculum—Class II. Cases XCVI.-CVII. Complete—Cases CVIII.-CLXXXIX. Abbreviated—Congestion, Physiological of Uterus, and Pathological of Cervix, Cases CXC.-CXCI. Abbreviated—Class III. Cases CXCII.-CXCVII. Complete—Cases CXCVIII.-CCXVIII. Abbreviated.

Two Classes are here specified, not that any intrinsic difference exists between them—the one representing the initial, and the other the advanced grade of morbid action going on in both—but that the cases thus separated may better address the minds of those accustomed by long usage to the views and phraseology generally adopted. The second Class, in the language of Dr. Bennet, embraces all cases of simple ulceration of the os uteri, and the third, all cases of ulceration resulting in induration and hypertrophy.

As, however, there are no distinctive peculiarities in the general or local symptoms, in the pathological condition of the affected tissues, or in the treatment to be enforced, I shall describe both under a common head.

In Class II. the excitement in the web of capillaries surrounding the cervical glands, is attended not only with congestion of the areolar tissue connecting them to each other, as in the cases detailed in the last chapter, but also with a similar state of the denser structure of the neck. This extension of morbid action is indicated by a bright-red circle around the os tincæ, that may be either covered with, or denuded of epithelium. This circle, always congested whether abraded or not, is often

incomplete, being confined to one labium only; but it never, even when perfect, extends outwardly beyond the depth to which the mucous follicles dip into the cervical substance. The loss of epithelium, when it occurs, invariably commences on the free borders of the labia, and thence spreads both without and within.

In Class III. is observed the next step in the ascending series of morbid actions. The excitement of the capillaries, in which the Nabothean glands are embedded, is not only propagated to those of the outer cervix, but by the additional stimulus thus imparted, the circulation of all these vessels is actively and permanently augmented.

If the more solid cervical tissue offer resistance to this distention of its capillaries, red points, the apices of papillæ, will often be seen scattered here and there on the vaginal face of the neck; but if this resistance be not present, or be eventually overcome, the entire cervix will be swollen, rounded, and œdematous from a stasis of blood, and also from a slight effusion of lymph into its substance.

In cases of some standing, when the expansion of the cervix has become more decided, and the capillary circulation more atonic, the congested margin around the os tincæ assumes a brick-red color, and the surface beyond a purple tint like that of venous blood. Occasionally the effused lymph undergoes a semi-organization, and adds to the size and density of the cervix. This enlargement, however, which is principally from engorgement, and partially from effusion, may present a certain firmness, but never a real induration, the name by which this condition is generally designated.

Actual development of the cervical tissues, such as is seen in connection with congestion of the corpus uteri, is not present to an appreciable extent. Indeed the growth of the uterine muscular fibres, is as in utero-gestation, almost entirely limited to the body of the womb.

GENERAL SYMPTOMS.

The general symptoms are those so commonly observed in womb-disease. In fact, these two classes embrace the majority of the cases falling under the charge of the hysterologist.

The abdominal organs, as well as the generative, being under the dominion of the organic nervous system, suffer in their functions through this mutual relationship and interdependence; so decidedly that, by the sympathy thus induced, digestion and assimilation are always interfered with, and at times seriously impaired. The liver becoming torpid and overcharged with bile, the stomach weak and oppressed with foul secretions, and the bowels inactive and loaded with fæces, a crude and defective supply is afforded to the blood, which starved by the lack of the elements needful for its constant renewal, is rendered poor, watery, and incapable of properly nourishing the body. The muscles, robbed of their tonicity, are flabby and shrunken, and the ganglionic centres, deprived of the healthful blood-stimulus, act irregularly and fitfully, and are the fountain-heads of a thousand ills. The patient is listless and lifeless, loses her spirit and ambition, becomes emaciated and bloodless, feels exhausted after slight exertion, has a fluttering action of the heart and a panting respiration on ascending a flight of stairs, suffers from the many disorders arising from a weakened and perverted nervous system, and experiences at times such a loss of cerebral power, as to impair the memory and forbid continuous mental application. The brain, the great central nerve-force, being ill-nourished and ill-fitted to sustain the organism in its integrity, thus adds by its want of energy still further to the evils already present.

This condition, due mainly to the poverty of the blood, and attended by as severe an array of symptoms as are found in any other class of disorders not compromising the life of the patient, is further intensified and perpetuated by a copious and continuous cervical secretion. This product of the Nabothean glands, being of the nature of albumen and considerable in quantity, occasions the same debility as a like amount eliminated by the kidneys in Bright's disease, since in each case the circulation is impoverished, and drained of its most important constituent.

If the appetite and the digestion remain intact, there will not be this loss of flesh and poverty of blood; and yet, from the fact that the food is not thoroughly elaborated by its

deteriorated solvents, the bile and gastric juice, the circulation will be loaded with nutritive materials, so imperfectly prepared as to forbid a complete assimilation. Consequently, to the debility, prostration, and nervousness, that are scarcely less pronounced in these than in the anæmic cases, there is superadded functional torpidity of the whole organism. The countenance is dull, the mind inactive, and the strength defective; in a word, the vital machinery, clogged in all its parts, is obstructed in its perfect and harmonious operations. The perverted secretion of the liver is the special source of bilious and rheumatic attacks, and of gastric and intestinal disorders, such as vomiting, acidity, gastralgia, dyspepsia, constipation, flatulence, enteralgia, etc., etc.

To the luckless woman subjected to these many ills, whether those arising from anæmia or plethora, there is little pleasure derivable from animal life, since each sensuous avenue, in which the vital forces are wont to move in health without impediment, is barred; and as little from intellectual life, since the body, racked and tortured in its vain endeavor to accomplish its various functions, reacts on the mind, poisoning every thought, darkening every hope, and throwing a pall over the inner and the outer world.

LOCAL SYMPTOMS.

The local symptoms are well defined. The catamenia are seldom normal, being too frequent or long delayed, too scanty or profuse, altogether absent or present a third to a half of the month, or attended with more than ordinary suffering, and are always heralded, accompanied, and followed by an aggravation of the general and local symptoms, under which the patient labors at all times.

The leucorrhœal discharge, that is never present in health during the menstrual interregnum, although it is reinduced at each monthly period by the physiological congestion, is free and constant, and has a thick consistency and a yellow color, resembling almost exactly the muco-purulent matter expectorated in bronchial inflammation.

The pelvic sensations resemble those attending congestion of

the cervical glands, but are much more decided. The ill-defined feeling of discomfort and weakness, heretofore described in Class I. as present in the back and loins, gives place to a constant and distressing sacro-lumbar pain, that extends down the pelvis and over the hips to the iliac fossæ, where there are both pain and tenderness. This pain, in the severer cases, often extends from the brim of the pelvis down the inner and front part of the thighs to the knees, and from the sacrum down the outer and back part of the thighs to the legs and feet. The ischiatic nerve, when thus implicated, is in some instances the seat of a most persistent and distressing neuralgia. At all times, a feeling of fulness and tension is experienced in the cavity of the pelvis, and along the upper border of the pubic bones, and occasionally, through sympathy, a preternatural irritability of the bladder and rectum is induced.

The above symptoms, if the uterus be displaced downward, will be aggravated by riding or walking, or even by assuming the erect posture, and others characteristic of prolapsus superadded. These are a feeling of dragging down the pelvis, and of pressing at the introitus, as though the uterus had fallen below its normal level, and was being forced externally. This feeling arising in the main from the uterus, by its increased weight, putting its attachments as, also, those of the other pelvic organs on the stretch, is markedly intensified by exercise, partially relieved by rest, and wholly removed by the horizontal position. If the rectum be interfered with, there will be an unnatural irritability of this organ, and if the bladder be dragged down and forced into the vagina, there will be soreness above the pubes, and incontinence of urine. Under conditions such as these, the pelvic pains, previously detailed, attain their maximum of intensity. Since, however, these local disorders belong to a higher grade of disease, their description will be deferred to a future page.

EXAMINATION BY TOUCH.

By the touch important information may be acquired. The vagina is found bathed with a glutinous secretion, and the cervix fuller and larger than normal. This increase of size, that arises

from a uniform distention of the capillaries, does not produce distortion, but simply amplifies by one half or more the normal contour of the part. The cervical substance being thus softened and expanded by an excess of blood, loses its original density; by which means the labia are rendered full, puffy, and elastic, the cavity of the neck is dilated, and the ora uteri are relaxed. From the general expansion thus brought about, the mouth of the womb, bounded by the two prominent and gaping lips, and of a size sufficient to admit the point of the finger, is felt as a long and wide transverse slit. Should the epithelium remain intact, the labia would as a rule be smooth and rounded; but should it become detached, they would become irregular and patulous, have a rough, granular surface, and be everted so as to bring the lower folds of the plicæ palmatæ within reach of the finger, and add materially to the apparent area of the abrasion.

If the engorgement of the cervix advance a step further, as is prone to happen when the disease is well established, and particularly, if the liquor sanguinis be effused and semi-organized, one or both labia will often project like outgrowths, and impart a feeling of resistance and compactness not hitherto observed. There exist, as in the other cases, a general increase in the size of the neck, dilation of the os tincæ and inner cervix, and roughness of an eroded surface; but in addition, the labia uteri stand out in these pouting masses, that have been considered dense enough to merit the title of indurations. Strictly speaking, however, an actual induration is never present, unless induced by destructive agents, the deposition of cancerous matter, or the presence of a neoplastic growth. A cicatrix, caused by mechanical injury as in labor, is a mere line of condensed tissue, small in extent, and easily distinguishable from an enlarged and elongated labium.

From the uterine vessels participating more or less in the cervical disease, the body of the womb is often somewhat congested and enlarged; but still these changes are always slight in degree, and seldom very perceptible. There is rarely a decided increase of temperature or sensibility, as these conditions would hardly arise, unless the circulation of the internal genitalia were considerably augmented.

EXAMINATION BY SPECULUM.

By the speculum the nature of the secretion contained in the vagina, or flowing from the cervical cavity, is readily observed. That in the former locality has a yellowish, grayish-yellow, or whitish color, and a semi-fluid, or a thick and ropy consistency; but that in the latter resembles albumen, it being clear, pellucid, and adhesive, as can be easily demonstrated by removing the tenacious mass, that hanging from the os tincæ, has been changed to a milky color by contact with the vaginal secretion. It will thus be found, if proper care be used in manipulating, that this product of the Nabothean glands presents one character only, being always like albumen and nothing else, and that it is of itself, though sometimes clouded by epithelial scales, or by epithelial cells transformed into muco-purulent matter, never changed to pus.

The cervical mucus, it is to be noted, when it comes in contact with the acid secretion of the vagina, is first turned to a white color on the surface, and then coagulated into milky flakes or masses. If there be a more active circulation in the upper portion of the vagina, as is apt to be the case whenever the cervix is much affected, the mucous membrane desquamates rapidly, and its secretion becomes watery, acrid, and copious. This secretion of the vagina partially dissolves that of the cervical glands, and changes it to a yellowish color like that of bronchial mucus. But it is only when the vaginitis is decidedly pronounced, and pus is abundantly formed by degeneration of the epithelial cells, that the vaginal secretion entirely dissolves the cervical, and the two make together a uniformly thin, yellow, and creamy fluid.

The speculum shows, likewise, any increase in the size, deviation in the shape, or change in the color of the cervix, and any congestion or erosion of the labia, that may exist.

The os is more open than natural, and gives exit to a free albuminous secretion, but the cervix presents various appearances. It may be either œdematous and glistening, and have a pale rose-color, with or without a bright arterial injection of the labia, or be distorted by the enlargement and elongation of one or both of its lips, and have a deep vermilion circle

around, and a bluish-purple hue beyond the uterine mouth. On its surface red points are occasionally seen, which scattered here and there, and either distinct, or run together in a uniform blush, are the apices of papillæ; and at times, though infrequently, at these points minute vesicles are formed, that are due to the intense underlying congestion raising the epithelium by a serous effusion. As these vesicles are herpetic in nature, their contents in this as in other localities changes from a watery to a milky fluid.

In most cases, however, there is simply a uniform increase in the size of the cervix, a dilatation of the cervical canal, and a deep-red border around the os uteri, which expanded and everted is congested, or congested and eroded. When an erosion exists, the mucous tissue will, as it is deprived of its natural protection, become irritated, and present a raw surface, that is covered with little eminences resembling those on a strawberry. This denuded surface surrounding the os uteri, or occupying a part of its circumference only, is on a level with the adjoining tissue, starts from the free borders of the labia, and extends outwardly on the vaginal aspect of the neck. These papillary eminences become in cases of long standing and great severity, enlarged and prominent, have a soft and velvety feel, and bleed on touch, a condition peculiar to the barren, but foreign to the child-bearing female, inasmuch as the substance of the virgin uterus is indistensible, and does not enlarge in proportion to the growth of the papillæ.

CLASS II.

CASE XCVI.

Congestion of Inner and Outer Cervix; Erosion; Leucorrhœa; Recovery; Pregnancy.

Mrs. H——, æt. 24, the mother of three children, the youngest of whom is fourteen months old, presented herself at the *Clinique* October 8th, 1860. Her present symptoms commenced about nine months after the birth of her second child, but became much worse immediately after that of the third.

She is not anæmic, debilitated, or emaciated, nor in fact, affected with any constitutional disorder excepting nervousness. She menstruates regularly, but excessively, has a constant white discharge, and suffers from sacro-lumbar pain, and a dragging sensation through the loins and down the pelvis.

Examination by Speculum.—The os is congested and eroded; and the inner cervix is congested and filled with a pellucid secretion.

Scarification was employed the first six visits, and then, the cervix having regained its natural color, and the epithelium reformed on the abraded surface, caustic was on four occasions applied to the Nabothean glands.

As her health had not become impaired, general remedies were not prescribed, nor was the child which she still nursed taken from the breast.

This patient was at the end of two months, dismissed cured.

Nov. 22, 1862.—Mrs. H—— remains well at this date, and is advanced to the sixth month of pregnancy.

CASE XCVII.

Congestion of Inner and Outer Cervix; Erosion; Vaginitis, desquamative; Pruritus; Menorrhagia; Leucorrhœa; Recovery.

Mrs. H——, æt. 27, the mother of one child, and subsequently the subject of a miscarriage at the fourth month five years ago, has since this mishap been tormented with the following general symptoms: gastric and hepatic derangement, nausea and vomiting, constipation, nervousness, and palpitation of the heart; and the following local symptoms: a free and constant white discharge, a burning, scalding, and itching sensation in the vagina, a sense of dragging and forcing in the pelvis while walking, a severe and continuous pain in the lumbar region and over the hips, and a frequent, profuse, and prolonged menstruation. Notwithstanding this array of symptoms, the patient is not deficient in flesh or blood, and presents a healthy appearance.

Examination by Speculum.—The neck is puffy; the os, surrounded by a deep-red border, and abraded; the cervical cavity,

congested, and discharging a copious secretion; and the vaginal mucous membrane inflamed and rapidly desquamating.

The first four weeks scarification was employed, and then caustic was applied to the inner cervix. Near the close of the treatment, injections of borax were directed. Internal remedies, however, were, as in the last case, found unnecessary. This patient was, at the end of the seventh week, dismissed cured.

CASE XCVIII.

Congestion of Inner and Outer Cervix; Erosion; Menorrhagia; Leucorrhœa; Recovery.

Mrs. L——, æt. 30, the mother of three children, of whom the last two were twins, dead-born eleven years since, came to the *Clinique* Nov. 1st. She has never had a miscarriage, but has since her second confinement, been the subject of the following symptoms, to wit, a wild, hysterical nervousness, which causes her to hear sounds and see objects that have no existence, severe pain in the small of the back, weight and pressure at the pelvic floor, a copious white discharge, and a too free and frequent menstruation.

This patient would, except to a close observer, as she is both corpulent and full-blooded, be looked upon as well, or at the worst, be regarded as one of those troublesome hysterical subjects, that complain without obvious cause, and receive no advantage from treatment.

Examination by Speculum.—The neck is enlarged; the os, congested; the posterior labium, eroded; and the cervical cavity, congested and filled with a clear and adhesive secretion.

The pyrophosphate of iron was administered as a blood and nerve-tonic; scarification practised the first five visits, and then caustic applied to the inner cervix and the abraded surface.

Dec. 30.—The uterine disease is cured.

Subsequent to the above date, a small nipple-like growth, seated on the site of the abrasion, was touched with the acid nitrate of mercury. This growth, that was polypoid in character, probably originated from the enlargement of one or more papillæ.

CASE XCIX.

Congestion of Inner and Outer Cervix; Erosion; Menorrhagia, followed by Amenorrhœa; Leucorrhœa; Recovery; Pregnancy.

E. G——, aged 32 years, the mother of six children, of whom the youngest is two years and three months old, but never the subject of a miscarriage, came to the *Clinique* Nov. 6th. She has complained as at present since her last confinement, and taken a great variety of medicines without benefit. Her debility is so extreme that she walked to the Hospital with difficulty, and nearly fainted during the examination.

At the outset, her monthly turns were too free and frequent, and on one or two occasions, resulted in a flooding, that produced at the time profound prostration, and was followed subsequently by anæmia with its many troublesome attendants; but now, for a period of six months, she has not been "unwell" except once four weeks since, when the discharge was very profuse.

Examination by Speculum.—The vagina is filled with a thin, yellowish secretion; the cervix, swollen and of a red color, and the os, abraded and discharging albuminous matter in great profusion.

Scarification and caustic were employed as in the cases just related. The first use of the knife had a marked and happy effect, and induced, at the next period, which fell due on the eighth of November, a normal menstruation. At this early day, the chain of sympathetic phenomena was broken, and the pelvic discomfort mostly removed, notwithstanding the cervical disease showed little change to the eye.

January.—This patient is now—two months after the commencement of treatment—cured of the womb-disease.

It was, however, deemed necessary to continue a time longer the iron and bitters, which she had been taking for the anæmia.

May 12, 1863.—At this date, sixteen months after dismissal, the patient again presents herself at the *Clinique.* She has been well in every particular, and is now pregnant at the fourth month.

CASE C.

Congestion of Inner and Outer Cervix; Hyperæsthesia; Dysmenorrhœa; Leucorrhœa; Recovery; Pregnancy.

A. E——, aged 35 years and married, the mother of four children, and recently the subject of three miscarriages, each at about the third month, came to the *Clinique* September, 1862. She has been out of health the past five years, is weak, nervous, and hysterical, and suffers from neuralgic pains in the head and annoying sensations in the stomach.

The catamenia return too frequently, and are attended with much distress, and at all times there are severe lumbo-sacral pains, that extend over the left hip to the corresponding iliac fossa, and down the back part of the thighs to the legs.

Examination by Speculum.—The labia uteri and inner cervix have a heightened color; the cervix is very sensitive, and the glands of Naboth pour out a profuse secretion.

The treatment up to December 18th consisted of vegetable and ferruginous tonics, and of local depletion by scarification.

Jan. 22, 1863.—It had been noticed at previous visits, that the areolæ were of a deeper color than normal, but that the breasts in other respects showed little or no change. Now, however, the existence of pregnancy, that was before a matter of suspicion, is rendered almost certain by the absence of the courses at three periods, and by the very marked improvement in her general condition. The local treatment was discontinued.

Feb. 27.—She is advanced to the fourth or fifth month of utero-gestation. The areolæ are brown, their follicles enlarged, and the milk-tubes developed. A profuse leucorrhœal discharge being present, and causing an intolerable pruritus, she was directed to use three times daily a vaginal injection of borax. This injection afforded temporary relief, and was employed most of the time until her confinement.

Aug. 1, 1864.—Mrs. E—— is suckling a child a year old, and is as free from pelvic symptoms as at any previous period in her life.

CASE CI.

Congestion of Inner and Outer Cervix; Erosion; Leucorrhœa; Recovery; Pregnancy.

K. D——, æt. 22 and married, the mother of two children, and the subject of one miscarriage, came to the *Clinique* July, 1862. She has suffered from pelvic symptoms since her second labor, five months ago, and yet her health is not perceptibly impaired.

She has a mucous discharge from the vagina, pain in the lumbar region and over the hips, pain and tenderness above the pubes, and pain and pressure in the pelvis.

Examination by Speculum.—The cervix is full and round; the os presents a deep-red border and is eroded, and the Nabothean glands are secreting copiously.

During her attendance, that extended from July to December, leeching was practised once, and scarification three times, and then caustic was applied on two occasions.

Apr. 1, 1863.—The courses have been absent four months. The areolæ are of a dark-red color; their follicles prominent; the breasts full and rounded, and the milk-ducts enlarged and knotted.

Nov. 17, 1864.—Mrs. D—— has, since the above date, been twice confined at term. The uterine symptoms, however, have not returned.

CASE CII.

Congestion of Inner and Outer Cervix; Prolapsus Uteri et Vesicæ; Vaginocele; Menorrhagia; Dysmenorrhœa; Leucorrhœa; Recovery.

E. McL——, æt. 36, came to the *Clinique* December, 1862. She was married at the age of twenty-two years, and has never miscarried, but has had one child thirteen years ago, from whose birth she dates her ill health.

The general symptoms are debility, nervousness, anorexia, flatulence, and constipation.

The local symptoms are leucorrhœa, pain in the back, over the hips, and down the thighs in front, tenderness in the iliac

and hypogastric regions, and a very free and excessively painful though regular menstruation.

Examination by Touch.—The uterus lies at a low level, but retains its normal angle; the cervix rests on the perinæum near the anus, and feels as though flattened by pressure on a firm, resisting surface; the *bas fond* is dragged downward and backward into the front part of the vagina, and the vagina is relaxed and thrown into folds.

Examination by Speculum.—The local appearances are not recorded.

Scarification was employed the first three visits, and caustic the three following.

Jan. 28, 1863.—The uterine disease is cured, and, what is singular, a sick headache that left her on the commencement of the pelvic symptoms, has returned.

The treatment was local only to the above date, at which time the muriated tincture of iron was directed, for the purpose of improving the quality of her blood.

The uterus, bladder, and vagina, though they still remained prolapsed, did not create any troublesome, or even any particular symptoms. Hence no means were taken to support these organs at a higher level in the pelvis.

July 13, 1864.—Mrs. L—— enjoyed excellent health, and suffered from no pelvic inconvenience until a month since, when she felt, while washing clothes, a tumor forcing its way through the vulva.

Examination by Touch.—The uterus is less prolapsed than formerly, and the bladder has not changed its position, but the vaginal walls are now external.

Examination by Speculum.—The uterus is in a healthy condition.

Injections of alum, preparatory to the introduction of a pessary, were ordered.

The patient, however, failed to return.

The injections, aided by rest which was enjoined, probably constringed the vaginal walls, and retracted them within the sphincter vaginæ, and hence the patient, judging by her sensations, did not think it necessary to wear an artificial support.

CASE CIII.

Congestion of Inner and Outer Cervix; Prolapsus Uteri et Vesicæ; Erosion; Vaginocele; Leucorrhœa; Recovery.

A. B——, æt. 32 and married, the mother of six children, of whom the youngest is two years old, came to the *Clinique* March 4th, 1862. She has suffered six years from her present symptoms, and become weak, anæmic, and lifeless.

She menstruates too often, and has, in the erect posture, a sense of weight and pressure in the pelvis. There is a constant pain in the lumbar region, but none in the loins or at the pelvic brim, except during active exercise, at which time a tumor protrudes from the vulva.

Examination by Touch.—The uterus, dragging down the *bas fond* of the bladder, lies in the axis of the excavation; the os, more open than normal, presents at the vulva, and the vagina, much relaxed, distends the introitus.

Examination by Speculum.—The cervix is swollen, the os is denuded of epithelium, and the mucous crypts are pouring out an excessive secretion.

This patient was under treatment from March 4th to May 18th. The debility was treated with iron and bitters, and the congestion of the cervix with scarification and the application of caustic.

Aug. 14, 1862.—On examination, the uterus is found free from disease. As troublesome symptoms, due to the prolapsus, still remained, alum injections were ordered preparatory to the introduction of a pessary. The patient, however, failed to repeat her visits. It is probable that the subsidence of the pelvic contents was, in a measure, remedied by the astringent, and no longer gave serious discomfort.

CASE CIV.

Congestion of Inner and Outer Cervix; Anteversion; Prolapsus Uteri; Cystocele; Vaginocele; Erosion; Pessary; Recovery; Pregnancy.

S. D——, æt. 33 and married, the mother of five children, the youngest of whom is two years old, but never the subject of a miscarriage, came to the *Clinique* July, 1864. She is anæ-

mic and nervous, but has a good appetite, a fair digestion, and a regular state of the bowels. The menses are normal, and no itching, burning, or scalding sensations in the vagina, nor urinary troubles are present, but a scanty mucous discharge and a severe lumbar pain, extending in front over the hips to the iliac fossæ. This pain, increased by the erect posture, and relieved by the recumbent, becomes forcing and expulsive on violent exertion.

Examination by Touch.—The uterus is anteverted so completely that its entire anterior face is easily traced by the finger, and located so low in the pelvis that the fundus rests against the body of the bladder, and the os upon the rectum. The mouth of the womb is expanded and rough, the neck swollen and œdematous, and the anterior wall of the vagina relaxed and projecting externally.

Examination by Speculum.—The cervix and its cavity are congested, and the os is surrounded by a red border and eroded.

July 8.—Two days during the past week, she had a considerable discharge of blood *per rectum*, and since that time, has suffered from frequent dysenteric evacuations.

Examination by Touch.—The uterus, equally prolapsed as at first, is now lying with its long diameter in the axis of the excavation, and the bladder, pushed downward, is partially external.

Appropriate constitutional remedies were administered; scarification was practised July 1st; and caustic (solid) applied July 15th, 22d, and 29th, and caustic Aug. 5th, 19th, and Sept. 27th.

Oct. 13.—She menstruated the past week, and is now apparently free from cervical disease.

Nov. 1.—She is at present suffering from the prolapsus alone. Alum injections were ordered.

Dec. 6.—The menses at the last period, two weeks since, renewed the leucorrhœal discharge.

Examination by Speculum.—A copious cervical secretion and a slight eversion of the posterior labium are discovered, a renewal of morbid action that is due mainly to the unnatural position of the uterus.

The return of the venous blood being impeded, the congestive condition that always attends the catamenia was perpetuated after their subsidence, by a check being interposed to the menstral involution. Caustic was applied.

Dec. 15—She menstruated last week normally. Caustic was applied.

Dec. 20.—Solid caustic was applied, and injections of alum were ordered, preparatory to the employment of a pessary.

Dec. 29.—A pessary was introduced and the injections were continued.

Oct. 1866.—Mrs. D—— was confined seven months since. She wore the pessary uninterruptedly from the day of its introduction until the movements of the child were felt, and then removed it. This instrument occasioned no inconvenience by its presence, but afforded her perfect relief from all pelvic symptoms. Subsequent to confinement, however, she was again troubled with prolapsus, but not to such an extent as to oblige her to submit to treatment.

CASE CV.

Congestion of Inner and Outer Cervix; Erosion; Leucorrhœa; Pregnancy.

M. M——, æt. 30 and married, the mother of four children, and the subject of a miscarriage at the third month, a year since, came to the *Clinique* July 9th. She has been ill since the birth of her last child, twenty months ago. She is very weak and nervous, has an anxious expression of countenance, and suffers from various disorders of the stomach and liver—anorexia, acidity, gastralgia, and an excessive and depraved biliary secretion—and seldom has a movement of the bowels without the aid of medicine.

The catamenia anticipate their time, and are dark-colored, and ushered in with an increase of the lumbar and pelvic pains, that are present during the menstrual interval. These pains consist principally of weakness in the small of the back, of dragging over the right hip, and of weight in the pelvis. She has, however, no tenderness at the lower front part of the abdomen, no forcing, expulsive feeling during active exercise, and

no itching, scalding sensation in the vagina—symptoms indicative of corporeal congestion, prolapsus uteri, and vaginitis.

Examination by Speculum.—The neck is congested; the os congested, opened, and denuded of epithelium; and the inner cervix, congested and secreting copiously.

Scarification was employed, and laxative pills and powders of bismuth were ordered.

July 16.—The congestion is much reduced. Solid caustic was applied to the cervical cavity, and a cathartic mixture ordered.

July 26.—The patient feels worse in every respect.

Aug. 9.—She missed her menses at the last period, and has as yet experienced no change for the better.

Examination by Speculum.—The congestion of the neck is greater, has a more atonic character, and presents a darker color than at the first visit, and the os gives exit to an increased amount of albuminous matter.

Two leeches were applied, and Epsom salts and cream of tartar in combination ordered.

Aug. 22.—The menses reappeared ten days since, and continued more than a week. She is preternaturally wakeful. Valerian, hyoscyamus, and camphor were ordered.

Sept. 24.—By the speculum no improvement in the local disease is observable. Constitutional treatment was continued, and scarification practised.

Oct. 8.—The catamenia have not been present since the middle of August. Conception being suspected from the state of her breasts, stomach, and pulse, the local treatment was discontinued.

Nov. 1.—The patient's condition has materially improved the month past, and the signs of pregnancy are now so well marked as to be decisive.

Commentary.—As is generally observed, there was in this case an aggravation of the local symptoms on the occurrence of conception. The pelvic irritation, however, subsided as the development of the uterus progressed; so much so, that it is highly probable that a permanent cure was effected by the normal evolutions attending and following delivery.

CASE CVI.

Congestion of Inner and Outer Cervix; Erosion; Menorrhagia; Leucorrhœa; Recovery; Pregnancy.

M. St. C—— came to the *Clinique* for medical advice August 8th, 1864. She is 28 years of age and married, and has had seven children, but no miscarriages. At her last confinement, the 15th of June, she flooded profusely, and was greatly reduced. On the 4th of July, she was taken with a feeling of sinking and prostration, that ended in a watery diarrhœa. Her milk drying up from the debility thus induced, the child died of the "summer complaint" the first of the present month. She has a pale, bloodless look, and suffers from all the many disorders that arise from an anæmic state of the blood. Her appetite is poor, her digestion is labored, and her bowels are sluggish and flatulent.

She has had no pelvic symptoms, even a leucorrhœal discharge, since recovering from the metrorrhagia.

A diagnosis of anæmia from hæmorrhage was made, and a tonic treatment instituted. She took iron and a vegetable bitter until Sept. 6th, when, on the return of her courses, she flooded severely. She was again very much prostrated. The tonic treatment was still continued, but, as she had derived no lasting benefit from general remedies, a speculum examination was proposed. This was, after two or three weeks' delay, acceded to, Nov. 3d. Since the last flow, she has vomited almost constantly, suffered from lumbar pains, and had a vaginal discharge.

Examination by Speculum.—The cervix has a bluish, livid hue; the os is slightly abraded, and the mucous glands form an excessive secretion.

Scarification was practised and general remedies were ordered.

Nov. 15.—From the changes in her breasts, enlargement of the glands, deepened color of the areolæ, etc., impregnation was suspected, and the local treatment omitted.

Dec. 1.—The patient is recovering her color and strength, has the full pulse of pregnancy, and eats her food with a relish.

The breasts are swollen, the milk-tubes developed, and the areolæ of a deep red, nearly brick-red color.

Jan. 14.—The leucorrhœa and sacro-lumbar pains continue. Ordered tonics.

Feb. 7.—She has felt life.

July 27.—She was confined a month since, and is now free from pelvic symptoms.

Commentary.—It is observed in this case that conception, by inducing a physiological flow of blood to the genitalia, added to the morbid congestion, and by filling the uterine capillaries to repletion, gave the cervix a dark, livid hue. It is likewise observed—a fact I have also noted in other cases in which conception took place during the existence of womb-disease—that the Nabothean glands continued, the whole term of utero-gestation, to discharge a free albuminous secretion. This secretion was at no time stagnant, nor did it in any wise act as a plug to seal up the uterine cavity.

As, therefore, during pregnancy the physiological intensifies and perpetuates any pathological congestion that may exist, little hope of obtaining advantage from local means can be entertained while the uterus is charged with its burden. The constant influx of blood for purposes of nutrition will render all our efforts nugatory. Still, under special conditions, particularly when the pelvic disorders are very distressing, and the os is surrounded by enlarged and sluggish vessels, scarification or leeching may be of advantage; but the one or the other must be resorted to with caution, as there is great danger of provoking a miscarriage. In some instances, however, local depletion, judiciously and cautiously practised, will, by relieving the overcharged capillaries, prevent this accident.

In this case, the profuse menstruation previous to conception probably subserved the purpose of lessening the morbid congestion, and thus rendered it possible for the growth attending pregnancy, and the involution following delivery, to act as vital agents in the restoration of the normal circulation.

April 18, 1867.—Mrs. St. C——, presenting herself at the *Clinique* to-day, reports that she became pregnant previous to the discontinuance of her visits, and that she has had three

children since under treatment, of whom the youngest is nine months old. She continued free from pelvic symptoms until recently, when those indicating prolapsus began to annoy her. She is greatly debilitated from frequent child-bearing and prolonged lactation.

CASE CVII.

Congestion of Inner and Outer Cervix; Prolapsus Uteri; Vaginocele; Vaginitis, desquamative; Amenorrhœa; Leucorrhœa.

Mrs. H——, æt. 31, and married, applied at the *Clinique* January, 1862. She was first prematurely delivered of twins at the seventh month, and then of a child that is sixteen months old. Her courses appeared the sixth month after the second confinement, and then returned three times, but now have been absent the last seven periods. She is uncertain whether pregnancy exists or not, and presents herself here to have her doubts resolved.

She suffers from morning sickness, and has a brownish discoloration of the areolæ; but their follicles are undeveloped, and the feelings are not present which she formerly experienced when in this condition. The pelvic symptoms—chiefly a weakness in the back and a dragging sensation over the hips—are slight, and, in her estimation, of so little importance that she thought an examination, which was proposed, entirely unnecessary.

Examination by Touch.—The uterus is not heavier than natural, and does not lie forward on the bladder, but occupies the excavation. The cervix presents at the introitus, and the anterior and posterior walls of the vagina protrude through the vulva.

The attachments of the organs contiguous to the uterus, the utero-vesical ligament, and the cellular coat of the vagina, being much relaxed and elongated, account for the trivial disturbance arising from such an extensive displacement of the pelvic contents.

The woman stated that, on carrying her child, or lifting a heavy burden, a round body would protrude from the vulva, but, on lying down, recede within the pelvis.

Examination by Speculum.—The point of the cervix is flattened, as though it had rested on some dense, resisting structure; the os is bounded by a congested circle, and the vagina has a deepened color.

This patient was subjected to the usual local treatment; but, from a defect in the record, the result can not be stated.

Commentary.—In this case the cervical disease, not of a grave character, was probably due almost entirely to the abnormal position of the uterus impeding the recurrent blood, and thus perpetuating the congestion indefinitely. The plan of treatment adopted was, by the use of the scarificator and caustic, to remove the fulness of the uterine vessels; and then, by the introduction of a pessary, should it be required, to support the uterus—the prolapse of which was the chief source of the obstruction to the circulation.

The history of this case is interesting, and confirms the view insisted upon in my lectures, to wit, that a simple prolapse of the uterus, even of a marked character, occasions symptoms much less severe than those arising from this condition, however slight, when the bladder or rectum is seriously compromised in the malposition. In fact, the symptoms attributed to the falling of the womb, and supposed to be due to this displacement exclusively, originate, with few exceptions, from the irritation excited in the neighboring organs. The increased weight of the uterus when its vessels are engorged, and the reflex action incited when a richer supply of blood stimulates its nerves, will, by the force of gravity and the pressure of tenesmetic pains, cause the pelvic organs to settle to a lower level, drag upon their attachments, and be the occasion of many troublesome symptoms, similar to those so frequently brought to the attention of the hysterologist.

When, however, the uterine, vesical, and rectal ligaments, becoming relaxed and elongated, no longer offer any resistance to the descent of the uterus, but allow it to fall partially or wholly below the vulva, the symptoms are in many instances very insignificant, being scarcely as severe as would be expected to arise from the exposure of a delicate mucous membrane to friction and the contact of urine. It is a remarkable fact,

verified by numerous clinical cases, that the uterus, bladder, and vagina are often completely external a long period of time, and yet may give the patient so little distress, or even decided inconvenience, that she is still able to attend to her household duties, and does not think it worth her while to submit to any treatment, however simple and certain.

CASES CVIII.–CXCI. ABBREVIATED.

CASE CVIII.

M. W——, æt. 40; married. *Children.*—Four. *Abortions.*—One, at third month. *Diagnosis.*—Congestion of inner and outer cervix; condyloma. *Exam. by Touch.*—No displacement. *Exam. by Speculum.*—Os, congested, but not eroded. *Symptoms.*—Two years ago, courses stopped from wetting her feet during the flow, but returned at the next period; pain in back, extending in front; tenderness in left ovarian region; dragging sensations on walking; leucorrhœa; pruritus; menses, regular, but very copious; appetite, poor; anæmia; ulceration on lips and navel; syphilitic symptoms. *Duration.*—Two years. *Cause.*—Suppressio mensium. *Treatment.*—Sept. 8th to Dec. 14th, 1864. Tonics; scarification; caustic. For the syphilitic taint gave the iodide of potassium, and for the condyloma applied the sulphate of copper. *Result.*—Dismissed cured.

May, 1865.—Reports that she continues quite well.

CASE CIX.

E. W——, æt. 26; married. *Children.*—Four, last dead-born. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri et vaginæ. *Exam. by Touch.*—Os touches floor of pelvis; vagina, relaxed. *Exam. by Speculum.*—Cervix, of deep-red color; erosion. *Symptoms.*—Confined a year ago; child dead ten days before birth; pain in back and over hips; tenderness in front; pressure down on walking; burning, itching, and scalding sensations in vagina; leucorrhœa, free, and of yellow color; menses, twice since labor; health, unimpaired. *Duration.*—One year. *Cause.*—Labor. *Treatment.*—Sept. 15th to Feb. 1st. Purgatives; persulphate of iron; scarification Sept. 21st, 28th, Oct. 5th, and Nov. 1st; caustic Nov. 9th and Jan. 11th. *Result.*—Menstruated profusely Oct., Nov., and Jan. At first the patient was benefited, but near the close of the treatment

the uterine disease returned in full force. Some time afterward it was reported that her condition was not improved.

CASE CX.

M. P——, æt. 30; married. *Children.*—Six. *Abortions.*—One, six years since. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Enlargement of anterior labium. *Symptoms.*—Complaining two years; health worse since last confinement, ten months ago; amenorrhœa; leucorrhœa, copious; health, tolerable. *Duration.*—Two years. *Cause.*—Labor. *Treatment.*—Scarification. *Result.*—Made one visit.

CASE CXI.

C. M——, æt. 32; married. *Children.*—Five. *Abortions.*—One, at second month. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Neck, congested; os, eroded. *Symptoms.*—Complaining since last confinement; menses, normal; pain in back; leucorrhœa. *Duration.*—Eighteen months. *Cause.*—Labor. *Treatment.*—Scarification. *Result.*—Made one visit. This patient became pregnant at the end of the second month after her first labor, and began to menstruate regularly in the same length of time, after the birth of her second, third, fourth, and fifth child.

CASE CXII.

E. D——, æt. 30; widow. *Children.*—Nine, two twin-births. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Erosion. *Symptoms.*—Complaining since birth of a seven months' child; menses, regular, but light-colored and scanty; pain in back and right side; leucorrhœa, free; appetite, poor; bowels, constipated. *Duration.*—Seven years. *Cause.*—Labor. *Treatment.*—Oct. 23d to Jan. 8th. Tonics; laxatives; scarification Oct. 23d, Nov. 6th, 13th, and 20th; caustic Dec. 4th and 17th; two leeches Jan. 8th. *Result.*—She failed to return after the last date. The menses became nearly normal, and her health was materially benefited, but the local disease was but little improved.

CASE CXIII.

B. D——, æt. 40; married. *Children.*—Six. *Abortions.*—Two *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Os, eroded. *Symptoms.*—She has been ill, and the menses have been absent since birth of last child; lumbar pains; leucorrhœa;

debility. *Duration.*—Four years. *Cause.*—Labor. *Treatment.*—Oct. 30th to Dec. 14th. Tonics; scarification, Oct. 30th, Nov. 9th, 22d, 30th, Dec. 7th and 14th. *Result.*—Dismissed cured.

CASE CXIV.

B. D——, æt. 37; married. *Children.*—Eight. *Abortions.*—Two. *Diagnosis.*—Congestion of inner and outer cervix; vaginitis, desquamative. *Exam. by Speculum.*—Os, expanded and eroded; mucous membrane of neck and vagina, of red color. *Symptoms.*—Leucorrhœa, constant and copious since last confinement; menses, normal; pain in back and loins, on and after walking a distance; no tenderness in lower part of abdomen; pruritus; health, but slightly impaired; weakness; constipation. *Duration.*—Two years. *Cause.*—Labor. *Treatment.*—April 5th to July 8th. Tonics; laxatives; scarified four times; applied caustic twice. *Result.*—Dismissed cured.

CASE CXV.

M. V——, æt. 22; married. *Children.*—Two, twins. *Abortion.*—One. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Os, congested. *Symptoms.*—Menses, normal; leucorrhœa, constant; micturition, frequent; pain in back and down limbs; slight tenderness in lower part of abdomen; health, not much affected. *Duration.*—Two years. *Cause.*—Abortion. *Treatment.*—Scarification. *Result.*—Made one visit.

CASE CXVI.

A. B——, æt. 34; married seventeen years. *Children.*—Three. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix; hyperæsthesia. *Exam. by Speculum.*—No erosion; congested circle around os. *Symptoms.*—Complaining since last confinement; menses return every third week, and are pale-colored and painful; pain in back, extending over right hip; tenderness in right iliac fossa; anæmia; anorexia; palpitation of heart; constipation. She has been treated by Dr. ——, constitutionally, the past eight months. *Duration.*—Thirteen months. *Cause.*—Labor. *Treatment.*—April 12th to June 16th. Tonics; cathartics; scarification, four times; caustic, once. *Result.*—At the last visit all disease was removed, excepting a slight albuminous secretion. She doubtless made a perfect recovery.

CASE CXVII.

A. L——, æt.—; married. *Children.*—Four, last two years old. *Abortions.*—One at third month. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri et vesicæ; anteversion. *Exam. by Touch.*—*Bas fond*, pushed down by uterus, which has fallen forward and downward. *Exam. by Speculum.*—Congestion of neck and os uteri. *Symptoms.*—Menses, normal; leucorrhœa, constant and copious; pain in back and down limbs posteriorly; pelvic weight and pressure on walking; tenderness in hypogastrium and right iliac fossa; urination, frequent and painful; pruritus; debility; constipation. *Duration.*—One year. *Cause.*—Unknown. *Treatment.*—April 28th to June 14th. Tonics; laxatives; scarification, three times. *Result.*—At the last visit she was very much better. As she failed to return, the final result is unknown.

CASE CXVIII.

M. D——, æt. 30; married. *Children.*—Six, last sixteen months old. *Abortions.*—One at third month. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri. *Exam. by Touch.*—Uterus, at normal angle; cervix, near perinæum. *Exam. by Speculum.*—Congestion of neck and os uteri. *Symptoms.*—Menses reappeared six weeks after last confinement, and then were absent four months, but now return irregularly at an interval of from two to four weeks; leucorrhœa, copious whilst carrying last child, and at the present time; pain in back; tenderness over pubes; pruritus; bearing-down feelings on walking; urination, frequent; debility. *Duration.*—Three years. *Cause.*—Abortion. *Treatment.*—June 2d to 27th. Tonics; scarification, twice. *Result.*—Made two visits.

CASE CXIX.

W. C——, æt. 23; married. *Children.*—One. *Abortions.*—Two at third month. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri, vesicæ et vaginæ. *Exam. by Touch.*—Cervix, at vulva; prolapsus uteri, vesicæ et vaginæ. *Exam. by Speculum.*—Erosion. *Symptoms.*—Complaining since birth of child; pain in back, through hips, and in iliac fossæ; pain *in coitû;* menses return every three weeks, and last three days; leucorrhœa; anæmia. *Duration.*—Four years. *Cause.*—Labor. *Treatment.*—Oct. 20th to Dec. 14th. Tonics; scarification, Oct. 20th; caustic, Nov. 1st and 10th; alum injections, Dec. 14th. *Result.*—Dismissed cured.

April 8.—Mrs. C—— is free from cervical disease, and relieved of the symptoms of prolapsus. She is quite well in every respect.

CASE CXX.

M. B——, æt. 25; married. *Children.*—Two, second three months since. *Abortions.*—One at second month. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Touch.*—No prolapsus. *Exam. by Speculum.*—Neck, congested; granular erosion. *Symptoms.*—Complaining since birth of first child; pain in back; forcing, expulsive sensations in pelvis when exercising, but not when lying down; leucorrhœa; frequent micturition; burning, itching, and scalding sensations in vagina. All the symptoms of anæmia. *Duration.*—Two and a half years. *Cause.*—Labor. *Treatment.*—Nov. 20th to May 28th. Tonics; scarification, Nov. 20th; scarification and caustic, Dec. 11th, Feb. 6th, 12th, 24th, March 2d and 12th; caustic, March 25th; scarification, April 1st and 9th; scarification and caustic, April 15th; caustic, April 22d, 29th, May 6th and 28th. *Result.*—Dismissed cured.

June, 1865.—Mrs. B—— is now, thirteen months after treatment, free from pelvic disease.

July 14, 1868.—The cure is permanent. She is near her fourth confinement.

CASE CXXI.

Mrs. McD——, æt. 35; married. *Children.*—Seven. *Abortions.*—One seven years ago. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Erosion. *Symptoms.*—Complaining since last confinement; the usual local symptoms; no leucorrhœa; general health, good; ascarides. *Duration.*—Thirteen months. *Cause.*—Labor. *Treatment.*—Aug. 10th to Oct. 25th, Acid nitrate of mercury; scarification; caustic. *Result.*—Dismissed cured.

CASE CXXII.

M. H——, æt.—; married. *Children.*—Eight, last thirteen months old. *Abortions.*—Unknown. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Erosion. *Symptoms.*—Menses, normal; pelvic symptoms, not given; debility; constipation. *Duration.*—Four years. *Cause.*—Labor. *Treatment.*—Aug. 7th to Sept 12th. Purgatives; iron; caustic, (solid,) three times. *Result.*—Dismissed cured.

CASE CXXIII.

E. H——, æt. 21; married. *Children.*—One. *Abortions.*—Unknown. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Erosion. *Symptoms.*—Complaining since confinement; menses, normal; no leucorrhœa; vesical irritation; other symptoms, not given. *Duration.*—Four and a half years. *Cause.*—Labor. *Treatment.*—Scarification, three times; caustic, (solid,) twice; *Result.*—Not recorded.

CASE CXXIV.

A. H——, æt. 38; married. *Children.*—Four. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Menses stopped suddenly nine months ago, and have since appeared three times only; hysteria, occasional; pain in back, over hips, and down thighs; disorder of stomach and liver, nervousness. *Duration.*—Nine months. *Cause.*—Suppressio mensium. *Treatment.*—Tonics; laxatives. *Result.*—Made two visits.

CASE CXXV.

B. G——, æt. 35; married. *Children.*—Three. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Complaining since birth of second child; menses, every three weeks; copious leucorrhœa; no other uterine disorder; anæmia; palpitation of heart; bowels, often unm ved six or seven days. *Duration.*—Six years. *Cause.*—Labor. *Treatment.*—Tonics; purgatives. *Result.*—Made two visits.

CASE CXXVI.

M. W——, æt. 35; married. *Children.*—Two. *Abortions.*—One at second month. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Menses are regular, but too free, and last six days; leucorrhœa, copious; anæmia; emaciation; anorexia; muscular rheumatism. *Duration.*—Three years. *Cause.*—Abortion. *Treatment.*—Tonic. *Result.*—Made one visit.

CASE CXXVII.

M. McG——, æt. 42; married. *Children.*—Five, last five years old. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri et vesicæ. *Exam. by Touch.*—Cervix rests on

floor of pelvis; bladder, dragged down; os, expanded. *Exam. by Speculum.*—Neck, congested; os, not eroded. *Symptoms.*—Menses, regular; pain in back, but not through loins; no tenderness in front; forcing and pressure down pelvis; dysuria past eight months; hæmorrhoids past six weeks; bowels, often bound eight days; leucorrhœa before and after menstruation, but not at other times; appetite, poor; gastric and hepatic disorder. *Duration.*—Eight months. *Cause.*—Unknown. *Treatment.*—Tonics; laxatives; scarification, July 15th and 20th. *Result.*—No improvement at the third visit.

CASE CXXVIII.

Mrs. G——, æt. 24; married. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Erosion. *Symptoms.*—Not given. *Duration.*—Two years. *Cause.*—Unknown. *Treatment.*—1862. Scarification; caustic. *Result.*—Dismissed cured.

Nov. 22d, 1863.—Mrs. G—— continues free from pelvic disorders, and is advanced to the end of the sixth month of pregnancy.

CASE CXXIX.

C. D——, æt. 21; married five years. *Children.*—One. *Abortions.*—One. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Erosion. *Symptoms.*—Complaining since miscarriage; menorrhagia; usual pelvic disorders; intercostal neuralgia, preventing sleep, and destroying her appetite. *Duration.*—Two years. *Cause.*—Abortion. *Treatment.*—May, 1862, to April, 1863. Bitters; iron; scarification; caustic. *Result.*—Dismissed cured.

Aug., 1866.—Mrs. D—— has had three children, of whom two were born at the seventh month, but no miscarriages, since her attendance at the *Clinique.* She enjoys perfect health in every particular.

CASE CXXX.

A. K——, æt. 21; married. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Ill since birth of child; pain in back and through loins; tenderness at brim of pelvis; leucorrhœa; scalding and itching sensations in vagina; anæmia. She has been treated locally by several doctors without benefit. *Duration.*—Twenty-one months. *Cause.*—Labor. *Treatment.*—None. *Result.*—Made one visit.

CASE CXXXI.

F. D——, æt. 37; married. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Erosion. *Symptoms.*—Complaining since confinement; menses, scanty, painful, and infrequent; leucorrhœa; usual pelvic symptoms; anæmia; appetite, poor; bowels, torpid. *Duration.*—Three and a half years. *Cause.*—Labor. *Treatment.*—Tonics; scarification; caustic. *Result.*—Dismissed cured.

March, 1865.—Mrs. D—— has been free from uterine disease since under treatment in 1863.

CASE CXXXII.

M. O'L——, æt. 25; married. *Children.*—Five, two at eighth month. *Abortions.*—Three, one at sixth month, two at third month. *Diagnosis.*—Congestion of inner and outer cervix; gonorrhœal vaginitis. *Exam. by Speculum.*—Granular appearance of os; red color of vagina. *Symptoms.*—Menses failed two months ago; signs of pregnancy, present; a yellowish mucous discharge the past week; other uterine symptoms not given; appetite, poor; bowels, constipated; her husband has gonorrhœa. *Duration.*—Unknown. *Cause.*—Unknown. *Treatment.*—Dec., 1862. Purgatives; scarification, twice; borax injections. *Result.*—At the third visit, pregnancy being thought quite certain, the local treatment excepting the injections, was omitted and general remedies alone were given.

Aug., 1866. Mrs. O'L—— reports that she has been free from pelvic disorders since her confinement in 1863.

CASE CXXXIII.

Mrs. R——, æt. 23; married. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus, of normal size; cervix, resting on perinæum. *Exam. by Speculum.*—Os, congested. *Symptoms.*—Complaining since birth of child; pain in back and over hips; forcing and dragging feelings in pelvis on walking; leucorrhœa; debility, extreme; appetite, poor; bowels, regular. *Duration.*—Eight months. *Cause.*—Labor. *Treatment.*—Four weeks. General remedies. *Result.*—Pelvic symptoms, unchanged.

CASE CXXXIV.

Mrs. G——, æt. 34; married. *Children.*—Three, last three years old. *Abortions.*—Unknown. *Diagnosis.*—Congestion of inner and

outer cervix. *Exam. by Speculum.*—Erosion. *Symptoms.*—Complaining since first confinement; great pelvic stress and forcing-down; weakness in back; anæmia; nervousness; anorexia; emaciation. *Duration.*—Eight years. *Cause.*—Labor. *Treatment.*—Four weeks. Tonics; caustic. *Result.*—Dismissed cured.

CASE CXXXV.

A. G——, æt. 25; married. *Children.*—Three. *Abortions.*—Two. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Erosion. *Symptoms.*—Not given. *Duration.*—Unknown. *Cause.*—Unknown. *Treatment.*—Two months. Scarification; caustic. *Result.*—Dismissed cured.

On returning subsequently to the *Clinique*, Mrs. G—— stated that she had had a living child since here, and that she was quite well.

CASE CXXXVI.

E. D——, æt. 21; married. *Children.*—One nineteen months old. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix; secondary syphilis. *Exam's.*—None. *Symptoms.*—Menses, normal; has had syphilis the last nine months, and vaginal discharge the last five; pain in back and over hips; syphilitic pains in bones. *Duration.*—Nine months. *Cause.*—Syphilis. *Treatment.*—Iodide of potassium. *Result.*—Made one visit.

CASE CXXXVII.

E. S——, æt. 34; married. *Children.*—Four. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix; vascular tumor. *Exam. by Speculum.*—Erosion. *Symptoms.*—Menses returned eight months after last child, and then recurred every three weeks profusely; menses the past two months hæmorrhagic, and nearly continuous. *Duration.*—Three and a half years. *Cause.*—Labor. *Treatment.*—Dec. 22d, 1864, to Aug. 22d, 1865. Saline purgatives; reduced diet; scarification, sixteen, and then caustic, three times. Aug. 22d.—The uterine disease is cured. After this date, the small vascular tumor at the meatus urinarius was touched four times with the solid nitrate of silver. Nov. 2d.—Dismissed cured. Jan. 4th, 1866.—Menses absent two months; patient probably pregnant.

Feb. 12, 1867.—Mrs. S—— was confined six months ago. She was well before this event, but since, has had menorrhagia and other symptoms indicative of uterine congestion.

CASE CXXXVIII.

A. A——, æt. 35; married twice, second time six years ago. *Children.*—One thirteen years old. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri; purpura. *Exam. by Touch.*—Uterus, at low level; cervix, adherent to vagina posteriorly. *Exam. by Speculum.*—A small fibrous tumor, in posterior labium; no erosion. *Symptoms.*—Losing flesh and strength the last six years, but especially the last two months; menses, normal; weakness in back and through hips; tenderness in right ovarian region; leucorrhœa; debility; anorexia; constipation. Two months since there appeared under the cuticle on various parts of the body small, circular, and well-defined effusions of blood. *Duration.*—Six years. *Cause.*—Unknown. *Treatment.*—Aug., 1864. Mercurial purgative; one scarification, which bled copiously. *Result.*—At the second visit the purpura had disappeared.

Sept. 5th, 1865.—This patient continued well in every respect until five weeks ago, when the purpura and pelvic symptoms returned. *Treatment.*—Mercurial purgative; scarification. *Result.*—Made one visit.

Sept. 4th, 1866.—Mrs. A——, on presenting herself again at the *Clinique*, is found on examination to have contracted gonorrhœa. She continues free from purpura and uterine disorders, and enjoys excellent health.

CASE CXXXIX.

Mrs. B——, æt. 30; married. *Children.*—Four. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Os, congested. *Symptoms.*—No lochia at last confinement; menses appear every three weeks, and are free and painless; weakness in back and through hips; leucorrhœa, slight; anæmia; anorexia; hæmoptysis; gastric disorder. *Duration.*—Fourteen months. *Cause.*—Suppressio lochium. *Treatment.*—Tonics; laxatives; one leech. *Result.*—Made two visits.

CASE CXL.

R. F——, æt. 24; married. *Children.*—Three. *Abortions.*—One at fourth month. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Complaining since miscarriage, but especially the past six weeks; pain in back and over hips; a constant, bloody discharge the last month. *Duration.*—Ten months. *Cause.*—Abortion. *Treatment.*—None. *Result.*—Made one visit.

CASE CXLI.

M. R——, æt. 26; married. *Children.*—One, dead born. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Menses returned the second month after confinement, and now anticipate their proper time, and are dark-colored; leucorrhœa, free and yellowish; pain in back and over hips; pain and tenderness in right iliac fossa; debility; anorexia. *Duration.*—Seven months. *Cause.*—Labor. *Treatment.*—Iron; bitters. *Result.*—Made one visit.

CASE CXLII.

K. McM——, æt. 21; married. *Children.*—One. *Abortions.*—Two. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Has had amenorrhœa and leucorrhœa since the second miscarriage; the ordinary pelvic disorders. *Duration.*—Seven months. *Cause.*—Abortion. *Treatment and Result.*—Not recorded.

CASE CXLIII.

B. G——, æt. 36; married. *Children.*—Eight. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Complaining since last confinement; menses returned two weeks ago; lumbar pains; leucorrhœa; debility; constipation. *Duration.*—Two and a half months. *Cause.*—Labor. *Treatment.*—None. *Result.*—Made one visit.

CASE CXLIV.

Mrs. B——, æt. 34; married six years. *Children.*—Two. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Neck, much congested; os, not eroded. *Symptoms.*—Ill since birth of second child; menses return every two and a half weeks, and are ushered in with nausea and vomiting; pain in back and loins; leucorrhœa, profuse. *Duration.*—Three years. *Cause.*—Labor. *Treatment.*—Scarification. *Result.*—Made one visit.

CASE CXLV.

E. L——, æt. 22; married three years. *Children.*—None. *Abortions.*—Four. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Bearing-down sensations in pelvis; lumbar pains; patient, strong and full-blooded. *Duration.*—Unknown. *Cause.*—Abortion. *Treatment.*—None. *Result.*—Made one visit.

CASE CXLVI.

A. G——, æt. 35; married. *Children.*—Three. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus and bladder, sunk in pelvis. *Exam. by Speculum.*—Congestion of neck; no erosion. *Symptoms.*—Has had pelvic symptoms since first confinement, when she was delivered by forceps; menses, present about every sixth week; pain in back, and other uterine disorders; anæmia. *Duration.*—Nine years. *Cause.*—Labor. *Treatment.*—Dec. 5th to Apr. 8th.—Scarification, Dec. 5th; caustic, Dec. 11th; scarification, Dec. 30th and Mar. 23d. *Result.*—This patient received great benefit from the treatment, and doubtless entirely recovered.

CASE CXLVII.

D. G——, æt. —; married three years. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus and bladder, sunk below normal level. *Exam. by Speculum.*—Neck, of red color; os, not eroded. *Symptoms.*—Health, poor since confinement; menses, regular, but very light-colored; pain in back and over right hip; vaginal discharge; no forcing or dragging sensations in pelvis when walking; strength, deficient; appetite, good; bowels, regular. *Duration.*—Two and a half years. *Cause.*—Labor. *Treatment.*—Tonics; scarification, Dec. 12th and 19th, 1862. *Result.*—Made two visits.

Feb. 15, 1865.—Mrs. G—— has been free from uterine symptoms since her attendance at the *Clinique.*

CASE CXLVIII.

Mrs. R——, æt. 30; married. *Children.*—Three, last two years old. *Abortions.*—Unknown. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri. *Exam. by Touch.*—Uterus, at normal angle; cervix, near perinæum. *Exam. by Speculum*—Neck, puffy; os, eroded. *Symptoms.*—Complaining since birth of first child; the usual pelvic disorders, which were rendered more severe by each subsequent labor; patient not deficient in blood or flesh. *Duration.*—Six years. *Cause.*—Labor. *Treatment.*—October, 1860. No general remedies; scarification; caustic; pessary. *Result.*—Dismissed cured.

Mrs. R—— remained free from pelvic symptoms, and wore the pes-

sary with comfort and relief, until Nov. 18th, 1862, when she miscarried at two and a half months. The womb-disease, which was renewed by this mishap, was again treated and cured, and the pessary, readjusted.

Dec., 1863, Mrs. R—— was recently confined at term. She is free from pelvic symptoms, and not obliged to wear the pessary.

CASE CXLIX.

E. H——, æt. 37; married. *Children.*—Ten. *Abortions.*—One at third month. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Complaining since birth of last child; menses are regular, but last two weeks, and are profuse, clotted, and attended with pain; leucorrhœa, free and yellowish; pain in back and over hips; no pelvic weight nor pressure; no tenderness in front; bowels move about once a week; gastric and hepatic derangement. *Duration.*—Three and a half years. *Cause.*—Labor. *Treatment.*—None. *Result.*—This patient came once in 1862, and once in 1863, but refused to be examined.

CASE CL.

J. McK——, æt. 35; married. *Children.*—Two, second three years since. *Abortions.*—One. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Two children, delivered by forceps, the first was dead-born, the second lived only a few hours; menses return about every twenty days, and are very free; pains in back, loins, and pelvis, extending down thighs and legs, and increased by walking; tenderness at hypogastrium; leucorrhœa; anæmia; palpitation of heart; nervousness; gastralgia; anorexia; bilious fever, twice the past year. *Duration.*—Nine months. *Cause.*—Anæmia. *Treatment.*—Tonic. *Result.*—Made one visit.

CASE CLI.

A. McD——, æt. 48; married. *Children.*—Five. *Abortions.*—Four at fifth month. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri. *Exam. by Touch.*—Uterus, at proper angle, but sunk in pelvis; neck, puffy. *Exam. by Speculum.*—Os, congested, but not eroded. *Symptoms.*—Menses not present since last confinement; vaginal discharge, yellow and thick; lumbar pains, extending over hips, and increased by exercise; pruritus; no tenderness in front; debility; anorexia; constipation. *Duration.*—Six years. *Cause.*—Labor. *Treatment.*—Tonics; scarification; caustic, (solid,) Oct.

1st and 15th. *Result.*—At her third visit, Oct. 21st, when her attendance was discontinued, she had experienced decided relief. Whether or not any permanent advantage was secured is unknown.

CASE CLII.

C. S——, æt. 38, married. *Children.*—One three years old. *Abortions.*—Unknown. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Menses failed at last period; menses, previously regular, but scanty and light-colored; vaginal discharge, thick, yellow, and copious; pain in back and over hips; no other pelvic symptoms; anæmia; anorexia; constipation. *Duration.*—One year. *Cause.*—Unknown. *Treatment.*—None. *Result.*—Made one visit.

CASE CLIII.

H. E. D——, æt. 36; widow. *Children.*—Two. *Abortions.*—Three, one at third month, and one at second month. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Complaining since birth of first child; menses usually last from six to seven days, and are excessive and painful; now menses present eight weeks; pain in back, over hips, and down thighs to knees; forcing and bearing-down sensations at monthly periods; leucorrhœa; gastric and hepatic disorder; constipation. *Duration.*—Fifteen years. *Cause.*—Labor. *Treatment.*—None. *Result.*—Made one visit.

CASE CLIV.

Mrs. W——, æt. 31; married. *Children.*—One, eleven years old. *Abortions.*—Unknown. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Erosion. *Symptoms.*—Anæmia; menorrhagia. *Duration.*—Two months. *Cause.*—Unknown. *Treatment.*—Nov. 15th, 1862, to Mar. 3d, 1863. Scarification; caustic. *Result.*—Dismissed cured.

March, 1868; Mrs. W——, has, since under treatment, enjoyed excellent health, and been entirely free from pelvic disorders. She has had three children, but no miscarriages.

CASE CLV.

J. S——, æt. 23; married. *Children.*—One three years old. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Menses, regular, but free, clot-

ted, painful, and prolonged from eight to ten days; pain in back and over hips, increased by walking; tenderness in front; no leucorrhœa; gastric disorder; bowels, torpid. *Duration.*—Unknown. *Cause.*—Unknown. *Treatment.*—None. *Result.*—Made one visit.

CASE CLVI.

H. R——, æt. 26; married. *Children.*—One. *Abortions.*—Unknown. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri. *Exam. by Touch.*—Uterus, sunk in pelvis. *Exam. by Speculum.*—Neck, of bright-red color; erosion. *Symptoms.*—Complaining since confinement; menses return about every fifth week, and are excessive, long-continued, and very painful; leucorrhœa; constipation. She was some time under treatment in a New-York hospital. *Duration.*—Six years. *Cause.*—Labor. *Treatment.*—May, 1862. Tonics; purgatives; caustic. *Result.*—Dismissed cured.

July 26th, 1864, Mrs. R—— visited Ireland, her native country, shortly after her recovery, and was, on being examined in hospital, pronounced free from womb-disease. Her health is now perfect in every respect.

CASE CLVII.

Mrs. S——, æt. 41; married. *Children.*—Three. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Neck, congested; os, eroded. *Symptoms.*—Menses are absent three years, and were present a few times only the eight years previous; ordinary pelvic disorders; anæmia. *Duration.*—Eight years. *Cause.*—Unknown. *Treatment and Result.*—Not recorded.

CASE CLVIII.

Mrs. W——, æt. 29; married nine years. *Children.*—Three. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Complaining since birth of last child; menses, scanty; vaginal discharge. *Duration.*—Eight years. *Cause.*—Labor. *Treatment.*—None. *Result.*—Made one visit.

I saw this patient at her house two years after her visit to the *Clinique.* Her health had continued to deteriorate more and more, and the pelvic symptoms to become worse and worse up to that time. Having several days previous miscarried at the third month, she was found debilitated by the loss of blood, and suffering from retroversion and a passive engorgement of the uterus.

CASE CLIX.

M. G——, æt. 29; widow. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Menses are regular, but painful, and last from six to eight days; pain in back, over hips, and down limbs; leucorrhœa; appetite, good; hepatic disorder; constipation; debility; nervousness. *Duration.*—Unknown. *Cause.*—Unknown. *Treatment.*—None. *Result.*—Made one visit.

CASE CLX.

A. C——, æt. 28; married. *Children.*—Two, younger five years old. *Abortions.*—Three. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Erosion. *Symptoms.*—Menses, too frequent and copious; lumbar pains; tenderness at brim of pelvis; vaginal discharge; anæmia; constipation; anorexia. *Duration.*—Six years. *Cause.*—Unknown. *Treatment.*—Tonic; caustic. *Result.*—Made one visit.

CASE CLXI.

S. L——, æt. 30; married. *Children.*—Two. *Abortions.*—Two, second twelve months since. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Neck, congested; os, eroded. *Symptoms.*—Menses, regular, but sometimes profuse, and sometimes scanty; vaginal discharge, copious; blood, watery; appetite, poor; all her symptoms worse since second miscarriage. *Duration.*—Six years. *Cause.*—Suppressio mensium. *Treatment.*—Aug. 14th to Oct. 16th. Iron; bitters; caustic, (solid,) once; acid nitrate of mercury, three times. *Result.*—Dismissed cured.

CASE CLXII.

S. M——, æt. 30; married. *Children.*—One nine years old. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Erosion. *Symptoms.*—Menses, painful, but in other particulars, normal; lumbar pains, extending over hips, and down thighs; tenderness at brim of pelvis; pressure down on walking; vesical disorder; leucorrhœal discharge, copious; anæmia; anorexia; nervousness. *Duration.*—Six years. *Cause.*—Suppressio mensium. *Treatment.*—Tonics; caustic, (solid,) twice. *Result.*—Made two visits.

On this patient visiting the *Clinique* two years after treatment, it was found that her condition remained the same as at first.

CASE CLXIII.

M. F——, æt. 30; married. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri. *Exam. by Touch.*—Uterus, in axis of excavation; cervix, near vulva. *Exam. by Speculum.*—Neck, slightly congested; os, eroded. *Symptoms.*—Complaining since confinement; menses appeared twice one month, and then skipping two periods, returned a few days since with great pain; lumbar pains; ovarian tenderness; vaginal discharge, profuse; debility; emaciation; anorexia; constipation. *Duration.*—Seven months. *Cause.*—Labor. *Treatment.*—Dec. 30th, 1862, to Apr. 24th, 1863. General remedies; scarification and caustic, Dec. 30th, Jan. 6th, and Feb. 24th; caustic, Mar. 3d; scarification and caustic, Mar. 9th; caustic, Mar. 23d, Apr. 1st, 8th, 13th, 20th, and 24th. *Result.*—This patient was nearly cured of the womb-disease at the last date, when she discontinued her attendance.

Nov. 20, 1863.—Mrs. F—— became pregnant at the close of the treatment, and miscarried in July last. The uterus is found on examination to occupy the axis of the pelvic excavation, and its fundus to incline backward toward the promontory of the sacrum. The secretion of the Nabothean glands is also in excess. The slight leucorrhœa present being due, as was thought, to the prolapsus, caustic was applied, and injections of alum were ordered at this visit, and then at the next a pessary was adjusted.

May 1st, 1864.—Mrs. F—— still wears the pessary, is free from pelvic symptoms, and enjoys perfect health.

CASE CLXIV.

M. V——, æt. 29; married. *Children.*—Two, second eight and a half years old. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Menses, irregular, being sometimes too frequent, and sometimes tardy; lumbar weakness; tenderness in right ovarian region; dragging feeling in pelvis; vaginal discharge, profuse; anæmia; palpitation of heart; bowels, costive; appetite, capricious; pain and tenderness at epigastrium. *Duration.*—Four to five years. *Cause.*—Unknown. *Treatment.*—Tonic; purgative. *Result.*—Made one visit.

CASE CLXV.

B. Y——, æt. 28; married three years. *Children.*—Two. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer

cervix. *Exam. by Speculum.*—Os, congested. *Symptoms.*—Healthy before birth of second child; menses return every three weeks, last from two to three days, and are pale-colored; leucorrhœa, copious; burning, scalding sensations in vagina; pain in back; tenderness in left iliac fossa; diarrhœa the last two months; gastric and hepatic derangement; debility; nervousness. *Duration.*—Nineteen months. *Cause.*—Labor. *Treatment.*—General remedies; scarification, July 8th and 13th. *Result.*—At the third visit there was little change in the patient's condition.

CASE CLXVI.

M. O'B——, æt. 24; married four and a half years. *Children.*—Three, last eight months old. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri. *Exam. by Touch.*—Uterus, in axis of excavation; cervix, near vulva. *Exam. by Speculum.*—Os, congested. *Symptoms.*—Ill since birth of second child, but especially since that f third; milk dried up ten weeks ago; menses returned last month; pain in back and through loins; tenderness in left iliac fossa; no leucorrhœa; gastric and hepatic disorder; hemicrania; intercostal neuralgia. *Duration.*—Three years. *Cause.*—Labor. *Treatment.*—Purgative; scarification, once. *Result.*—Made two visits.

CASE CLXVII.

M. K——, æt. 35; married. *Children.*—One at eighth month. *Abortions.*—One, before child. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus and bladder, below normal level. *Exam. by Speculum.*—Neck, congested; upper part of vagina, of bright-red color; no erosion. *Symptoms.*—Complaining since confinement; menses return in from eight to ten weeks, and are scanty, painful, and attended with vomiting; pain in back, over hips, and down thighs in front to knees; dysuria; bearing-down sensations on exercise; no vaginal discharge; debility; anorexia; constipation. *Duration.*—One year. *Cause.*—Labor. *Treatment.*—Nov. 29th to Jan. 12th. Tonics; laxatives; scarification, twice. *Result.*—Made four visits. Mrs. K—— was much better when she discontinued her attendance.

CASE CLXVIII.

E. M——, æt. 30; married. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus

uteri et vesicæ; hyperæsthesia. *Exam. by Touch.*—Uterus, at proper angle, but low in pelvis, and sensitive; *bas fond*, bulging into vagina. *Exam. by Speculum.*—Neck and vagina, of bright-red color; no erosion. *Symptoms.*—Complaining since confinement, but especially the last year; menses, normal; pain in sacro-lumbar region; pressure down pelvis when walking; tenderness in right iliac fossa; leucorrhœa; frequent urination; pruritus; appetite, good; bowels, constipated; debility; gastric disorder. *Duration.*—Four years. *Cause.*—Labor. *Treatment.*—Dec. 24th to June 20th. Tonics; cathartics; one leech; five scarifications. *Result.*—Discontinued her visits.

In this case, the congestion was relighted by each menstrual act, although it was between the periods almost entirely removed. Whether or not any permanent benefit was realized from the treatment is unknown.

CASE CLXIX.

B. G——, æt. 28; married. *Children.*—Three. *Abortions.*—One at fourth month. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Health, poor since last confinement, but worse since the miscarriage, three years ago; menses return about every third month, and are free and prolonged; leucorrhœa; lumbar pains, extending over hips; tenderness in iliac fossæ; insomnia; gastric and hepatic disorder. *Duration.*—Six years. *Cause.*—Labor. *Treatment.*—None. *Result.*—Made one visit.

CASE CLXX.

E. C——, æt. 24; married. *Children.*—Two. *Abortions.*—One at fourth month. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Menses, too frequent and profuse; usual local symptoms. *Duration.*—Thirteen months. *Cause.*—Unknown. *Treatment.*—Tonic. *Result.*—Made one visit.

CASE CLXXI.

C. Q——, æt. 37; married. *Children.*—Seven. *Abortions.*—Six at third month. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Touch.*—No displacement. *Exam. by Speculum.*—Erosion. *Symptoms.*—Complaining seven years, but especially the last three; pain in back, extending down limbs posteriorly; urination, frequent and scalding; no leucorrhœa; debility; constipation. *Duration.*—Seven years. *Cause.*—Labor. *Treatment.*—

Nov. 23d to Feb. 20th. Tonics; laxatives; scarification and caustic, each three times. *Result.*—Dismissed cured. Conception, it was thought, had occurred.

CASE CLXXII.

M. C——, æt. 28; married seven years. *Children.*—Three. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—No erosion. *Symptoms.*—Ill health dates from last confinement; menses, profuse, clotted, and painful; pain in back; bearing-down feelings; pruritus; leucorrhœa; debility; anorexia. *Duration.*—Three years. *Cause.*—Labor. *Treatment.*—Jan. 2d to May 3d. General remedies; scarification. Jan. 2d, Feb. 1st, 10th, 15th, Mar. 7th, 13th, 20th, and Apr. 6th; caustic, Apr. 14th and May 23d. *Result.*—Dismissed cured.

CASE CLXXIII.

S. W——, æt. 22; married. *Children.*—None. *Abortions.*—One at third month. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Pelvic symptoms date from miscarriage; menses, painful, but otherwise normal; leucorrhœa; frequent micturition; weight in pelvis; patient, debilitated, but in other respects healthy. *Duration.*—One year. *Cause.*—Abortion. *Treatment.*—None. *Result.*—Made one visit.

CASE CLXXIV.

S. B. H——, æt. 43; married. *Children.*—Five, last eight years old. *Abortions.*—Three at second month. *Diagnosis.*—Congestion of inner and outer cervix; retroversion; prolapsus uteri. *Exam. by Touch.*—Uterus, sunk in pelvis; os, near pubes; fundus, near promontory. *Exam. by Speculum.*—Congestion of neck; erosion. *Symptoms.*—Health, poor since first confinement; menses, usually normal, but sometimes too frequent; leucorrhœa, constant; pain in lumbar region; nervousness; debility; corpulency; œdema of feet. *Duration.*—Fifteen years. *Cause.*—Labor. *Treatment.*—Mar. 20th to Oct. 6th. General remedies; scarification, Mar. 20th, Apr. 6th, 20th, and 27th; caustic, June 15th, 19th, 29th, Aug. 17th, 25th, Sept. 1st, 22d, and 29th. *Result.*—Dismissed cured.

Nov.—Menses have now been absent six weeks; conception has probably taken place.

CASE CLXXV.

R. G——, æt. 36; married. *Children.*—Eight. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Ill since last confinement; menses, regular; pain in back; leucorrhœa, copious and constant; debility; anorexia; constipation. *Duration.*—Three months. *Cause.*—Labor. *Treatment.*—Laxative. *Result.*—Made one visit.

CASE CLXXVI.

M. R——, æt. 33; married three years. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri. *Exam. by Touch.*—Uterus, in axis of excavation; cervix, near introitus; os, rough and granular. *Symptoms.*—Weakness of back; pain over hips; pelvic symptoms, recent; anæmia; palpitation of heart; coldness of extremities; anorexia; constipation. *Duration.*—Sixteen months. *Cause.*—Labor. *Treatment.*—Tonics; laxatives. *Result.*—Made two visits, but did not return for a speculum examination.

CASE CLXXVII.

Mrs. G——, æt. 28; married. *Children.*—Four, two at seventh month. *Abortions.*—Three, one at fifth month. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Complaining since last confinement, following which she had metritis; once expelled a fleshy mass, which was probably a false conception; pain in back and over hips; leucorrhœa; urinary trouble; palpitation of heart; cold hands and feet; anæmia; gastric and hepatic disorder. *Duration.*—Five years. *Cause.*—Metritis. *Treatment.*—Tonic; cathartic. *Result.*—Made one visit.

CASE CLXXVIII.

E. T——, æt. 28; married. *Children.*—Six. *Abortions.*—One at sixth month. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Erosion. *Symptoms.*—Complaining since miscarriage; menses returned recently, and lasted a day only; pressure in pelvis on walking; abdomen, tender; leucorrhœa; debility; anorexia; constipation. *Duration.*—Five months. *Cause.*—Abortion. *Treatment.*—Aug. 15th, 1863. Tonic; laxative; scarification. *Result.*—Made one visit.

July, 1864.—Mrs. G—— recovered by one scarification. She has been well since here, and is now near her confinement.

CASE CLXXIX.

M. E——, æt. 33; widow. *Children.*—Two. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—The menses, which had been habitually infrequent, were absent the five periods previous to the last, but now are present more than three weeks; tenderness in iliac and hypogastric regions; mucous discharge; pressure down pelvis; debility; appetite, poor; bowels, costive. *Duration.*—Five months. *Cause.*—Suppressio mensium. *Treatment.*—Persulphate of iron; purgative. *Result.*—Made one visit.

CASE CLXXX.

M. W——, æt. 34; widow. *Children.*—Three. *Abortions.*—Two at third month. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri; vaginitis, desquamative. *Exam. by Touch.*—Uterus, holding proper angle; cervix, near perinæum. *Exam. by Speculum.*—Neck, puffy; vagina, of dark-red color; no erosion. *Symptoms.*—Complaining since first abortion; menses return every three weeks, and last seven days; leucorrhœal discharge, profuse; pruritus; pain in back, and over left hip; tenderness above pubes, and in left ovarian region; pelvic weight and pressure on walking; debility; anorexia; constipation. *Duration.*—Four years. *Cause.*—Abortion. *Treatment.*—General remedies; scarification Nov. 10th and 22d; three leeches Dec. 7th. *Result.*—At the last visit, no improvement had taken place.

CASE CLXXXI.

E. C——, æt. 27; married. *Children.*—Four. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri. *Exam. by Touch.*—Uterus, at proper angle; cervix, near floor of pelvis. *Exam. by Speculum.*—Erosion. *Symptoms.*—Complaining since last confinement; menses return in from seven to fourteen days, and are painful; weakness in lumbar region; dragging sensations on walking; tenderness at brim of pelvis; debility, extreme. *Duration.*—Two years. *Cause.*—Labor. *Treatment.*—Feb. 7th, 1863, to May 6th, 1864. General remedies; scarification Feb. 7th, 15th, and 22d; scarification and caustic Mar. 18th, 29th, Apr. 5th and 16th; caustic May 6th. *Result.*—Dismissed cured.

Aug., 1866.—Mrs. C—— has continued in perfect health to the present time.

CASE CLXXXII.

Mrs. S——, æt. 30; married. *Children.*—One. *Abortions.*—Unknown. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Neck, pale and puffy; os, congested, but not eroded. *Symptoms.*—Complaining since confinement; sense of weariness in back, hips, and pelvis; copious mucous discharge; constitution, not implicated. *Duration.*—Six years. *Cause.*—Labor. *Treatment.*—Six weeks. Applications of caustic. *Result.*—Dismissed cured.

CASE CLXXXIII.

L. J——, æt. 23; married. *Children.*—Three. *Abortions.*—Two. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Neck, enlarged; os, eroded. *Symptoms.*—Ill since second miscarriage; menses, normal; weakness in lumbar region; leucorrhœa; tenderness at brim of pelvis; debilitated, but otherwise healthy. *Duration.*—Ten months. *Cause.*—Abortion. *Treatment.*—Tonic; scarification. *Result.*—Made one visit.

CASE CLXXXIV.

M. A. R——, æt. 33; married. *Children.*—Three, last five years ago. *Abortions.*—Three at third month. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri, vesicæ et vaginæ. *Exam. by Touch.*—Uterus, at proper angle; cervix, near perinæum; bladder, dragged down; vagina, relaxed. *Exam. by Speculum.*—No erosion. *Symptoms.*—Health, poor since last miscarriage; menses, every fourth week, a mere stain; leucorrhœa, slight; pelvic weight and pressure; tenderness over pubes, and in right iliac region; gushes of urine when exercising; rectal obstruction to movement of bowels; pain down limbs on walking; excessive nervousness; debility; hepatic torpor; anorexia; constipation.

She has had six physicians to attend her at various times, yet none of them suspected that womb-disease was the cause of her sufferings.

Duration.—Three years. *Cause.*—Abortion. *Treatment.*—Mar. 31st, 1865, to Jan. 11th, 1866. Iron; bitters; mercurials; cathartics; caustic Mar. 31st; scarification Apr. 4th and 11th; pessary July 18th.

May 3.—The uterine disease is removed.

Sept. 26.—The pessary, adjusted July 18th, gives an efficient support to the uterus, bladder, and vagina.

Result.—Dismissed cured.

Dec. 5, 1865.—The old symptoms have returned. On examination, the os uteri and inner cervix are found congested.

Treatment.—Pessary removed; scarification Dec. 14th and 28th; caustic Jan. 4th and 11th, 1866; pessary readjusted. *Result.*—Dismissed cured.

Dec., 1866.—Mrs. R—— was recently confined at term. She became pregnant with the pessary in position, and did not remove it until the end of the fourth month, when she felt life. The pessary, while it was worn, afforded complete relief.

CASE CLXXXV.

M. R——, æt. 40; married. *Children.*—Three, last five years since. *Abortions.*—Three at third month. *Diagnosis.*—Congestion of inner and outer cervix; prolapsus uteri; vaginocele. *Exam. by Touch.*—Uterus, in axis of excavation; cervix, near introitus; vagina, relaxed and external. *Exam. by Speculum.*—Neck, congested; os, eroded. *Symptoms.*—Complaining since her husband went to the war; menses, infrequent and scanty; vaginal discharge, yellowish and slight; lumbar pains; pelvic pressure when exercising; no tenderness at brim of pelvis; nervous system, prostrated; palpitation of heart; bowels, bound. *Duration.*—Four years. *Cause.*—Scanty menses. *Treatment.*—June 16th, 1865, to Oct. 18th, 1866. General remedies; scarification, June 16th, July 5th, Feb. 15th, 1866, March 21st, Apr. 4th, 11th, and 28th; caustic, (solid,) June 6th, caustic, Oct. 18th.

Oct. 18, 1866.—The menses are normal, and the uterine disease is cured. From this date to February, 1867, the constitutional treatment was alone employed, except on one occasion, when caustic was again applied to the cervical glands.

Result.—Dismissed cured.

May 4, 1867.—Mrs. R—— remained free from pelvic symptoms until quite recently. On examination, a small hard, circumscribed scirrhous mass is found in the anterior uterine lip. The cervix, however, is not congested, nor the os eroded. The carcinomatous vice, now showing itself unmistakably, may have been lurking in her system at the time she was under treatment, and thus prevented a complete restoration of her color, flesh, and strength.

CASE CLXXXVI.

A. W——, æt. 29; married three years. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix.

Exam's.—None. *Symptoms.*—Menses reappeared eight months after confinement, and are now normal; pain in lumbar region, extending down thighs and legs posteriorly to feet; debility. *Duration.*—Fifteen months. *Cause.*—Labor. *Treatment.*—Tonic. *Result.*—Made one visit.

CASE CLXXXVII.

E. J——, æt. 28; married. *Children.*—One three years old. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix; spurious pregnancy. *Exam. by Touch.*—Nothing abnormal detected. *Exam. by Speculum.*—Os, congested, but not eroded. *Symptoms.*—Menses, irregular, scanty, and painful; lumbar pains; leucorrhœa; enlargement of abdomen; movements simulating those of fœtus; anæmia; dizziness; gastric and hepatic disorder. *Duration.*—Six months. *Cause.*—Scanty menses. *Treatment.*—Tonics; carthartics; scarification Mar. 1st and 13th. *Result.*—Discontinued her visits. The menses returned between the first and the second scarification, and were more free and less painful. This patient probably recovered.

CASE CLXXXVIII.

J. McD——, æt. 30; married. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Menses reappeared the fourth month after confinement, and were regular a year, but have since recurred about every twenty days; sacro-lumbar pains; pelvic weight and pressure when exercising; mucous discharge, constant and copious; anæmia; appetite, capricious. *Duration.*—Two years. *Cause.*—Labor. *Treatment.*—None. *Result.*—Made one visit.

CASE CLXXXIX.

H. N——, æt. 32; married. *Children.*—Three, one twin-birth. *Abortions.*—None. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Touch.*—No displacement. *Exam. by Speculum.*—Os, congested, but not eroded. *Symptoms.*—Health, failing since birth of twins; menses, absent eleven months; pain in back and over hips; pressure in pelvis on walking; tenderness in left ovarian region; anæmia; palpitation of heart; nervousness; extremities, cold; tympanites. *Duration.*—Eight years. *Cause.*—Labor. *Treatment.*—Tonics; scarification Sept. 8th and Oct. 20th. *Result.*—Made two visits.

CONGESTION PHYSIOLOGICAL OF UTERUS AND PATHOLOGICAL OF CERVIX.

CASES CXC.–CXCI. ABBREVIATED.

CASE CXC.

Mrs. L——, æt. 40; married. *Children.*—Nine. *Abortions.*—Two at third month. *Diagnosis.*—Pregnancy; congestion of inner and outer cervix. *Exam. by Speculum.*—Neck, congested and enlarged; os, expanded and discharging mucus, but not eroded. *Symptoms.*—Menses, regular until they ceased two months ago; signs of pregnancy; had "whites" when carrying last child; since last confinement, vaginal discharge very profuse; pain in back, over hips, and down thighs in front; pressure and weight when walking; debility; anorexia. *Duration.*—Two years. *Cause.*—Labor. *Treatment.*—Pregnancy being diagnosticated, it was not considered judicious, or even allowable, to treat the uterine disease.

This case illustrates the fact that a free secretion of the Nabothean glands may take place during pregnancy, as well as at other times.

CASE CXCI.

M. McM——, æt. 35; married. *Children.*—Seven. *Abortions.*—None. *Diagnosis.*—Pregnancy; congestion of inner and outer cervix. *Exam's.*—None. *Symptoms.*—Complaining since last confinement; menses have been irregular, but now are absent; mucous discharge; other pelvic disorders, usual in womb-disease; all the signs of pregnancy detected. *Duration.*—Two and a half years. *Cause.*—Labor. *Treatment.*—General remedies. *Result.*—Made two visits.

CLASS III.

CASE CXCII.

Congestion and Enlargement of Cervix; Erosion; Leucorrhœa; Hæmoptysis; Recovery; Relapse; Recovery.

Mrs. C——, about 32 years of age, a widow and the mother of three children, the youngest of whom is seven years of age, presented herself October 25th. She has, the last three years, been troubled with her present symptoms, and has, the last two, frequently spit blood before, during, or after her

"turns," and occasionally between whiles. There is, however, no derangement of the stomach or bowels, nor any lack of flesh, blood, or bodily power.

The pelvic disorders are pain in the back, over the hips, and down the thighs, weight and pressure in the pelvis, a profuse leucorrhœa, a frequent recurrence of the courses, that are trivial in amount, and last three days only.

Dr. H——, an irregular physician of this city, who attended her several months, and practised the *motions* of auscultation and percussion, stated that her left lung was gone, and that she had but a short time to live.

Exploration of Chest.—The lungs are free from tubercular disease, and in every other respect normal.

Examination by Speculum.—The os is surrounded by a broad circle of granulations, that resemble those of a weak ulcer on external parts of the body, but are smaller. These granulations are slightly raised above the surface. The cervix is puffy and rounded, and discharges a thick, tenacious mucus from its cavity.

The congestion, it is probable, first implicated the Nabothean glands, and thence crept outward to the substance of the neck.

This patient was treated the first five weeks by scarification, and completely relieved of all uterine symptoms. The granulations being reduced by the depletion, the epithelium was reformed on the abraded surface, but the cervix still continued swollen, and its orifice red, patulous, and filled with a glairy mucus. Subsequently the insertion of caustic into the external os, as far as the internal, was, with the aid of an occasional scarification, relied upon to complete the cure. In addition, the pyrophosphate of iron was administered a portion of the time. After the commencement of treatment, the pulmonary hæmorrhage did not recur, and the catamenial flow became normal except at the second period, when it was excessive—a compensation, doubtless, for the loss formerly sustained by the lungs.

Dec. 16.—Dismissed cured.

Mrs. C—— returned about sixteen months after the above date, and stated that her health had remained perfect until two

weeks previous, when, from wetting her feet as the menses were about to appear, the flow was checked, the pulmonary hæmorrhage reinduced, and the pelvic distress renewed.

Examination by Speculum.—The cervix presents the same appearance, almost, that it did originally.

Scarification and caustic, employed as in the first instance, effected a cure in four weeks' time.

Mrs. C—— has not, since under treatment for the second attack, been heard from; and hence it is concluded that her recovery was permanent.

CASE CXCIII.

Congestion and Enlargement of Cervix; Hypertrophy, slight; Erosion; Amenorrhœa; Hæmatemesis; Incontinence of Urine; Recovery, probable.

E. S——, æt. 29, and married, came to the *Clinique* January, 1862. She has had five children, and one miscarriage three years ago. She has no pelvic pains nor vaginal discharge, is in good flesh, and not anæmic, and menstruated normally previous to the last six months, during which she has seen a slight red stain on two occasions only. At times she has felt as though her courses were about to appear, and once she vomited two or three mouthfuls of blood. She has, the past month, been tormented with an inability to retain her urine.

Examination by Touch.—The uterus holds its normal position, but feels rather more bulky than natural, and the os is patulous and rough, as though covered with minute granulations.

Examination by Speculum.—The os is eroded, and surrounded by a bright-red circle, and the neck, bordering on this circle, and extending irregularly beyond it, is sprinkled here and there with scarlet points the size of a pin's head. These points, where the thickest, are blended in a red blush, but are not denuded of epithelium. This patient attended a month at the *Clinique* Two scarifications and then five applications of caustic were employed, but the ultimate result is not positively known, though from the improvement a permanent cure was momentarily expected.

CASE CXCIV.

Congestion and Enlargement of Cervix; Hypertrophy, slight; Prolapsus Uteri et Vesicæ; Dysmenorrhœa; Menorrhagia; Leucorrhœa; Recovery.

Mrs. T——, æt. 30 years, applied at the *Clinique* November 18th, 1862. She has had one child, now eight years old, and one miscarriage, three years since, from which mishap she dates her present illness. She is anæmic and emaciated, has a poor appetite, and suffers from intestinal torpor. The catamenia recur every three weeks, continue six days, and are profuse, clotted, and attended with much suffering. She has tenderness in the right illiac fossa, pain in the lumbo-sacral region and through the hips, and dragging, forcing feelings in the pelvis when she walks. At the monthly periods the breasts become full, hard, and sensitive, and now the areolæ are dark-colored and their follicles developed. During the past summer she was treated three months, locally, by Dr. ——, but she failed to improve in health, or derive any relief from the pelvic symptoms.

Examination by Touch.—The uterus is low in the pelvis, and somewhat heavier than normal, but retains its proper inclination. The cervix is puffy, the os expanded, and the bladder sunk in the vagina.

Examination by Speculum.—The os is opened, everted, filled with an albuminous secretion, and bounded by a deep-red circle, and the cervix, beyond this circle, is dotted with a considerable number of congested points, that are located on a surface of the natural color, excepting a portion of the posterior lip where the redness is confluent. These red points, resembling inflamed follicles, are the apices of papillæ, that, seated in the substance of the cervix, are prone to become implicated in the surrounding congestion, and denuded of epithelium.

Scarification was practised and a ferruginous tonic ordered.

Jan. 8.—The above treatment has been continued to this date, the local loss of blood being resorted to about every sixth or seventh day. Her health has improved, her appetite returned, and her pelvic suffering become much less severe. The menses returned the week previous, at their proper time, and were natural in quantity and duration, and unattended with pain.

Examination by Speculum.—The cervical spots, which faded away during the last catamenial interval, have returned, and now present the same bright-red color as at first.

This fact was noted at all the examinations made directly after the close of the periods. There were also other evidences, those usually observed when the uterine disease is well pronounced, that during the monthly epochs the cervical congestion was greatly increased.

Scarified and renewed the medicine.

Jan. 15.—Scarified and ordered a tonic composed of colombo and the sulphate of cinchonia.

Jan. 22.—Her health has rapidly improved in every respect; the cervical congestion is removed, and there now remains a slightly excessive secretion of the Nabothean glands alone.

Caustic was applied to the cervical cavity, and continued from this time to the end of the treatment.

Feb. 13.—The appearance of the os uteri is natural, and the secretion of the cervical glands is restrained within proper limits. As a precaution against relapse, caustic was again applied, and the patient requested to report at the *Clinique* after the next monthly period.

March.—All the local disorders and the general symptoms occasioned by the uterine disease, have disappeared, and her health is completely reëstablished.

Mrs. T——, who was under observation at various times, continued free from all uterine symptoms, however trivial, and well in every other respect, as late as the summer of 1866. By her statement her health was as good as at any former period of her life. The prolapsus of the uterus and bladder gave her no inconvenience after the removal of the cervical congestion, and consequently received no treatment.

CASE CXCV.

Congestion and Enlargement of Cervix; Hypertrophy, slight; Elongation of Anterior Labium; Prolapsus Uteri et Vesicæ; Vaginitis, desquamative; Leucorrhœa; Recovery.

M. O'C——, æt. 35, and married, came to the *Clinique* June 17th, 1864. She has had two children, the younger of whom is

eleven years of age, but no miscarriages. Her health is but little disturbed. She is not anæmic, debilitated, or nervous, and has no gastric or hepatic disorder, but is troubled with a sluggish, torpid state of the bowels, requiring the repeated use of cathartics. The menses are painless, but excessive, and return about every twentieth day. She is troubled with a constant and copious leucorrhœa, that is of a thick consistency and yellow color, and with a feeling of soreness and dragging in each iliac fossa, but has no pain or even weakness in the lumbar region. She formerly had an ulcer on the leg. This ulcer, that was cured by Dr. G——, and closed a year, had some weeks previous opened afresh. Varicose veins of some size are seen on the affected limb. She states of her own accord that the pain *in coitû* is "awful." The suffering experienced during this act seemed to be the chief reason for her visit to the Hospital, as her other symptoms have at no time been urgent. These, such as they are, and especially the vaginal discharge, she has noticed since her second confinement. The congestion of the cervical glands has, by inducing a copious secretion of thick, tenacious mucus, been in all probability the cause of her barrenness the past eleven years.

Examination by Touch.—The uterus retains its normal inclination; the corpus is slightly hypertrophied; the cervix rests near the anus, and the bladder fills the anterior part of the vagina. The neck is enlarged, and the anterior labium enlarged and elongated.

Examination by Speculum.—The cervical capillaries are injected; the os gives issue to a copious secretion, and the vagina has a deepened color and is undergoing a rapid desquamation.

Scarification was employed June 24th and July 1st, caustic, (solid,) July 13th and 19th, and caustic, July 28th and Aug. 3d.

The ulcer has again cicatrized, a result due probably to the relief afforded the uterine circulation by the treatment enforced. It should, however, be mentioned that she during a part of the time wore a bandage, which a surgeon had previously applied.

Although the cervical congestion appeared, at the last date, completely subdued, the case was, according to my custom,

still held under observation, until one or more monthly periods had passed.

Sept. 17.—The menses have just disappeared. A slightly excessive mucous secretion being discovered, caustic was applied to the inner cervix.

Oct. 6.—There is no cervical catarrh nor other morbid state of the uterus, and yet the patient complains of pelvic weight and pressure.

By the touch the uterus and bladder were found as much prolapsed as at the first visit. Alum injections were ordered, preparatory to the employment of a pessary.

Oct. 15.—Introduced a pessary, and continued the alum injections.

Oct. 20.—As the patient was unable to remove the instrument herself, and as the constant pressure of a foreign body in the vagina was objectionable in the marital relation, the artificial support was, by her solicitation, dispensed with, and the alum injections alone employed.

Nov. 1.—She is quite well, and experiences no distress or even annoyance from the prolapse of the uterus and bladder.

Sept., 1866.—Mrs. O'C—— is now, and has been since under treatment, in perfect health. There is not a solitary pelvic symptom, and yet, notwithstanding the healthy state of the genitalia, conception has not occurred.

Commentary.—This case is of interest, showing, as it does, that enlargement and elongation of the lips of the cervix may disappear without special treatment, *pari passû* with the removal of the cervical congestion, and that in some instances, on the womb-disease being cured, means for the support of a coexisting prolapsus, even when of a marked degree, and implicating both the uterus and the bladder, may not be required.

CASE CXCVI.

Congestion and Enlargement of Cervix; Hypertrophy, slight; Elongation of Anterior Labium; Anteversion; Prolapsus Uteri et Vesicæ; Amenorrhœa; Leucorrhœa; Recovery.

Mrs. C——, æt. 32, and married, came to the college *Clinique* Dec. 8th, 1862. She is full-blooded and corpulent, and enjoyed

uniform good health until her second marriage, eight months ago. During the life of the first husband she had five children and four miscarriages. She is of a constipated habit, suffers from gastric and hepatic disorders, and is troubled with annoying pelvic symptoms. There is pain in the back, over the hips, and down the pelvis. This pain is not aggravated by exercise, but is rendered severe by menstruation. The catamenia have, the past eight months, been scanty and infrequent, being defective in quantity and duration, and absent from eight to twelve weeks.

Examination by Touch.—The uterus is prolapsed and anteverted. The corpus, by inclining forward more than natural, throws an unusual weight upon the bladder, the *bas fond* of which is presented to the finger as a soft, yielding tumor in the anterior part of the vagina. An increase in the size of the uterus is also perceptible.

Examination by Speculum.—The cervix is puffy and swollen; the os is patulous, surrounded by a broad red margin, and discharging a copious albuminous secretion, and the anterior labium is prominent and much enlarged; but the epithelium at no point is detached.

To relieve the uterine congestion, the cervical canal and os uteri were scarified; to reduce the richness of the blood, a light diet was ordered; and to correct the disorders of the stomach and liver, and unload the bowels, a purgative composed of blue mass and compound extract of colocynth, was prescribed.

Jan. 10.—To this date scarification alone was practised about every seventh day. The menses appeared the past week, and were normal as to time, quantity, quality, and duration. The uterine congestion is disappearing. Scarification was again employed.

Jan. 16, 24, *and* 31.—Caustic was introduced into the cervical cavity for the purpose of subduing the congestion of the Nabothean glands, and thus removing the leucorrhœal discharge.

Mrs. C—— was dismissed cured.

Commentary.—This patient, when freed from the cervical congestion, was not inconvenienced by the abnormal position of the uterus and bladder, and did not require the use of a pessary.

As the symptoms of displacement arose mainly from the augmented weight of the uterus, crushing down the bladder and dragging upon its ligaments, and as the anteversion disappeared on the removal of the hypertrophy, these symptoms failed to be excited after a cure of the womb-disease was effected. A result such as this is not infrequently attained.

CASE CXCVII.

Congestion and Enlargement of Cervix; Pregnancy; Procidentia; Polypi; Leucorrhœa.

A. McC——, 37 years of age, and married, came to the *Clinique* from Montreal, Canada, March, 1863. She has had six children, and one miscarriage at the second month, and suffered from her present ailment since her first confinement, twenty years ago. She had an easy, natural labor, and left her bed the third day after delivery. In a few weeks a tumor presented itself at the vulva, and eventually appeared externally whenever she was much on her feet. During her subsequent pregnancies this protrusion was increased in the earlier, but removed in the later months, by the womb, in the one case, sinking in the pelvis, and, in the other, rising into the cavity of the abdomen. But at present, though she is five months pregnant, this tumor still protrudes externally, and even resists all efforts at reduction.

Ocular Inspection.—The entire cervix, forming a spongy, purple mass larger than the closed hand, is outside of the body; the os sufficiently open to admit three fingers, discharges a great quantity of albuminous matter, and is of a brick-red color; the labia uteri are elongated, thickened, and everted, and three polypi, each about the size of a pea, arise from the folds of the cervical canal, just within its vaginal orifice, by long, slender peduncles.

Examination by Touch.—The body of the womb lies in the pelvis and is immovable, and the child's head rests upon the perinæum.

Strange to say, notwithstanding so alarming a condition, this woman walked several blocks to the *Clinique*, and had but the day previous, after a long journey, arrived in the city. Neither

are there now, nor were there before, the distressing symptoms or the severe suffering to be expected in so grave a case. In fact, the pelvic pains were inconsiderable, being not as great even as are often observed in a like falling of the unimpregnated uterus. There are pains in the back and over the hips, and pressing, dragging, expulsive feelings, as though the womb with its contents was being forced completely without the pelvis.

The chief thing that excites apprehension in her mind is the state of this protrusion, it being, according to the unanimous opinion of her physicians, who had made several attempts at reduction, immovably fixed in its present position.

Her debility is extreme, and her countenance has a pale, haggard expression.

This patient consented to enter the Hospital for treatment, but, for some reason, probably the number of students present at the examination, did not return. Consequently, I am unable to state any thing further in regard to this very interesting case.

Commentary.—It was proposed to remove the polypi by torsion, and then, when rest for a couple of days in the recumbent posture had relieved the congestion, to elevate the uterus above the brim of the pelvis.

This operation could have been performed readily enough in case there were no adhesions, or these were slight, by placing her on her face, and directing her to support the weight of the body by the shoulders and knees, a position in which gravity is brought to our aid. After the reduction, it would have been necessary to confine her in bed until the uterus was, by its increased size, supported in the abdominal cavity. In case this plan of procedure were not successful, the induction of premature labor would have been not only justifiable, but absolutely indispensable, since, with the uterus thus crushed and strangulated, it is impossible for the full term of utero-gestation to be completed.

CASES CXCVIII.–CCXVIII. ABBREVIATED.

CASE CXCVIII.

E. M——, æt. 32; married. *Children.*—Five. *Abortions.*—Three two at fourth month. *Diagnosis.*—Congestion and enlargement of cervix; semi-paralysis of hands. *Exam. by Speculum.*—Elongation of anterior labium; erosion. *Symptoms.*—Menses, irregular, scanty, and infrequent; pain in back and over hips; tenderness in front; weight in pelvis; leucorrhœa, free; nausea and vomiting, mornings; appetite, poor; anæmia; paralysis of extensor muscles of hands, from exposure while washing; no symptoms of lead-poisoning. *Duration.*—One year. *Cause.*—Unknown. *Treatment.*—Tonics; scarication Dec. 31st, 1861, Jan. 7th, 14th, and 22d, 1862. *Result.*—The menses had appeared once, normally, and the uterine congestion become less severe, and her health much better when, at the fourth visit, she discontinued her attendance.

Dec., 1864.—This patient was cured when under treatment, and has continued well in every particular.

CASE CXCIX.

E. G——, æt. 27; married. *Children.*—Five. *Abortions.*—One. *Diagnosis.*—Congestion and enlargement of cervix. *Exam. by Speculum.*—Neck, of purplish appearance; os, eroded. *Symptoms.*—Was much reduced by flooding when she miscarried; courses, irregular; leucorrhœa; pelvic pains; other local symptoms, unimportant; anæmia; constipation; symptoms of vermes; a year ago, two lumbricoid worms escaped from her mouth. *Duration.*—Five months. *Cause.*—Abortion. *Treatment.*—Santonine; cathartic; scarification. *Result.*—This patient came from Southport, Ct., and returned home the next day to the care of her medical attendant.

CASE CC.

M. A. McC——, æt. 33; married. *Children.*—One, eight years old. *Abortions.*—Two at third month. *Diagnosis.*—Congestion and enlargement of cervix; prolapsus uteri; vaginocele. *Exam. by Touch.*—Cervix, near perinæum; vagina, protruding from introitus. *Exam. by Speculum.*—Neck, much congested; os, not eroded. *Symptoms.*—Complaining since second miscarriage; menses return every third week, last three days, and are scanty; pain in back and over right hip; pressure and dragging in pelvis on walking; leucorrhœa; debility;

nervousness; appetite, poor; bowels, costive. *Duration.*—Three years. *Cause.*—Abortion. *Treatment.*—May 15th to June 17th, 1863. Tonics; laxatives; scarification May 15th, 20th, June 3d and 17th; pessary June 24th. *Result.*—Dismissed cured.

Aug. 5, 1866.—Mrs. McC—— has, since under treatment, been free from pelvic symptoms, and worn the pessary with perfect relief. This instrument slipping away a few days since, the old feelings in the back, hips, and pelvis have returned. On examination, no disease is found, excepting a slight abrasion of the neck at the point resting upon the pessary. As the uterus is still prolapsed, and the irritation of the cervix but slight, the pessary was readjusted, and injections of alum ordered.

CASE CCI.

B. S——, æt. 35; married. *Children.*—Two. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of cervix; prolapsus uteri et vesicæ. *Exam. by Touch.*—Cervix, approaching perinæum; *bas fond*, bulging into vagina; anterior labium, elongated. *Exam. by Speculum.*—Neck, congested; os, eroded. *Symptoms.*—Second labor, terminated by forceps, and followed by partial loss of sensation in left leg; lumbar pains, increased by exercise, but relieved by rest; menses, regular, but scanty, pale, and present a day only; patient, strong and full-blooded. *Duration.*—Three years. *Cause.*—Labor. *Treatment.*—Sept. 1st to Feb. 4th. Tonics; laxatives; scarification, Sept. 1st, 28th, Oct. 12th and 25th; scarification and caustic Nov. 12th; caustic Jan. 7th and Feb. 4th. *Result.*—Dismissed cured.

The menses were normal, and the womb-disease, with the exception of a slight leucorrhœa, and a preternatural prominence of the anterior lip, was removed. Her recovery was doubtless perfected by the absorbents.

Mrs. S—— reported, five years subsequent to treatment, that she had been free from pelvic symptoms since her attendance at the *Clinique.*

CASE CCII.

S. M——, æt. 28; married; multipara. *Diagnosis.*—Congestion and enlargement of cervix. *Exam. by Speculum.*—Neck, congested; os, not eroded. *Symptoms.*—Not given. *Duration.*—Unknown. *Cause.*—Unknown. *Treatment.*—Apr. 14th to Nov. 10th, 1865. General remedies; scarification; puncture; caustic. *Result.*—Dismissed cured.

Jan. 22, 1867.—Mrs. M—— was free from uterine symptoms, even a leucorrhœa, previous to the last monthly period, when a slight mucous discharge returned. For this, caustic was applied. As she did not again present herself, the excess of mucous secretion was due, probably, to a temporary irritation, and not to a permanent congestion of the uterine organs.

CASE CCIII.

M. McP——, æt. 28; married. *Children.*—Three. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of cervix; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus, at proper angle; cervix, near perinæum; bladder, depressed to introitus. *Exam. by Speculum.*—Neck, of deep-red color; os, not eroded. *Symptoms.*—More or less leucorrhœa since last confinement; menses return regularly, but are light-colored and scanty, and continue a day only; lumbar pains, extending over hips; tenderness at brim of pelvis; forcing and dragging feelings when walking; burning, itching, and scalding sensations in vagina; dysuria; health, but little affected. *Duration.*—Six years. *Cause.*—Labor. *Treatment.*—Sept. 27th to Dec. 6th, 1863. No general remedies; scarification Sept. 27th; scarification and caustic Oct. 4th, 11th, 18th, and 25th; caustic Nov. 15th and 22d; pessary Dec. 6th; alum injections. *Result.*—Dismissed cured.

At first, the pessary did not readily remain in position, but eventually, on the relaxation being removed by the astringent injections, it gave no further trouble, and offered an efficient support to the pelvic organs.

April, 1865.—Mrs. McP—— has, since under treatment, worn the pessary without inconvenience, and remained free from pelvic symptoms.

CASE CCIV.

M. A——, æt. 35; married. *Children.*—Seven. *Abortions.*—One at sixth month. *Diagnosis.*—Congestion and enlargement of cervix; prolapsus uteri et vesicæ; hypertrophy, slight. *Exam. by Touch.*—Corpus, slightly enlarged; cervix, near perinæum; bladder, sunk in vagina. *Exam. by Speculum.*—Neck, swollen, and of purplish color; os, not eroded. *Symptoms.*—Health, poor since last confinement; pain in back, through loins, and down pelvis; tenderness above pubes; dysuria; pruritus; abdominal walls, much relaxed; debility from lactation, but no other constitutional disorder. She has been treated by a female doctor for womb-disease, but without benefit. *Duration.*—One year. *Cause.*—Labor. *Treatment.*—Sept. 29th

to Nov. 10th. Iron; bitters; scarification Sept. 29th and Oct. 8th; caustic (solid) Oct. 14th; scarification and caustic Nov. 10th. *Result.* Dismissed cured.

The uterine congestion being removed, the prolapsus of the uterus and bladder gave no further inconvenience. Subsequent to the last date, this patient attended the *Clinique* for the debility arising from nursing her child, that she could not be persuaded to wean until it was seventeen months old.

CASE CCV.

S. S——, æt. 23; married. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of cervix; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus, in axis of excavation; cervix, near introitus. *Exam. by Speculum.*—Neck, swollen; os, not eroded. *Symptoms.*—Complaining since confinement; menses have returned four times regularly, but were scanty and light-colored; pain in lumbar region; tenderness at brim of pelvis; weight and pressure on walking; vesical disorder; mucous discharge; pruritus; debility; anorexia; gastralgia; palpitation of heart. *Duration.*—Five months. *Cause.*—Labor. *Treatment.*—General remedies; scarification Feb. 3d, 10th, and 22d, 1864. *Result.*—Dismissed cured.

The menses failing to appear Feb. 29th, pregnancy was diagnosticated.

March, 1865.—Mrs. S—— was confined four months ago. She is free from pelvic symptoms, and enjoys perfect health.

CASE CCVI.

Mrs. M——, æt. 40; married. *Children.*—Five, last nineteen months ago. *Abortions.*—Unknown. *Diagnosis.*—Congestion and enlargement of cervix; abscess of inner cervix. *Exam. by Touch.*—Cervix, swollen and sensitive; os, expanded. *Exam. by Speculum.*—Pus, issuing from small abscess in cervical canal; os, congested, but not eroded. *Symptoms.*—Thinks herself pregnant, as she has the signs usual with her during utero-gestation, morning sickness, absence of menses two months, etc.; pain in back and down pelvis, of a dragging character; vaginal discharge, of a yellow color, and of a bad odor; debility; excessive nervousness. *Duration.*—Two months. *Cause.*—Cervical abscess. *Treatment.*—Tonic; scarification. *Result.*—Made one visit.

This case was sent by Dr. ——, a former student of mine, from New

York. The opinion formed and the course indicated being communicated to the doctor by letter, the subsequent treatment was intrusted to his care. Recovery probably took place.

CASE CCVII.

E. McK——, æt. 28; married. *Children.*—Four. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of cervix; specific vaginitis. *Exam. by Speculum.*—Neck, swollen and covered with sluggish capillaries; os, eroded; vagina, inflamed. *Symptoms.*—Pelvic pains, severe; burning, itching, and scalding sensations in vagina; purulent discharge; dysuria; health, not seriously implicated.

Her husband is under treatment for gonorrhœa.

Duration.—Unknown. *Cause.*—Unknown. *Treatment.*—Seven months. Scarification; caustic; injections of borax. *Result.*—Dismissed cured.

Mrs. McK—— was, after the discontinuance of treatment, often at the *Clinique* with her children. She continued free from pelvic symptoms, and well in all other respects.

CASE CCVIII.

H. R——, æt. 45; married. *Children.*—Ten. *Abortions.*—Five. *Diagnosis.*—Congestion and enlargement of cervix. *Exam. by Speculum.*—Neck, swollen; os, eroded. *Symptoms.*—Two years ago, her menses, which were previously normal, stopped suddenly or the announcement that her son was killed, and have not since returned; usual pelvic symptoms; anæmia with its attendant disorders. *Duration.*—Two years. *Cause.*—Change of life. *Treatment.*—Tonics; scarification; caustic. *Result.*—Not given.

Recovery undoubtedly took place, as at this age Nature of herself, by a species of involution, removes the congestion, and reduces the size of the uterus by one half or more.

CASE CCIX.

A. D——, æt. 40; married. *Children.*—Four. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of cervix; syphilis. *Exam. by Touch.*—Cervix, swollen; anterior labium, elongated three quarters of an inch. *Exam. by Speculum.*—Neck, congested; os, eroded. *Symptoms.*—Treated at *Clinique*, 1859 and '60, for uterine disease on the plan of Dr. Bennet; came about sixteen times in two years, and improved in health, but was not cured; been in the coun-

try since discontinuing her visits; menses normal; no pelvic symptoms, excepting pruritus and a constant mucous discharge; anæmia; dizziness; secondary syphilis. *Duration.*—Six years. *Cause.*—Unknown. *Treatment.*—Sept. 15th, 1864, to Nov. 19th, 1865. Tonics; iodide of potassium; scarification Sept. 22d, 29th, Oct. 8th, and Dec. 15th; caustic Sept. 15th, Nov. 12th and 19th. *Result.*—Discontinued her visits.

At the last date, the syphilis was entirely, and the womb-disease nearly, cured. Whether or not her recovery was complete is unknown.

CASE CCX.

A. G——, æt. 40; widow. *Children.*—Four, last seven years old. *Abortions.*—Unknown. *Diagnosis.*—Congestion and enlargement of cervix. *Exam. by Speculum.*—Labia uteri, elongated; os, eroded. *Symptoms.*—Menses, regular; no pelvic pains; vaginal discharge, copious, and of a yellow color; pruritus. *Duration.*—Unknown. *Cause.*—Unknown. *Treatment.*—Applied tincture of iodine. *Result.*—Made one visit.

CASE CCXI.

M. D——, æt. 32; married; multipara. *Diagnosis.*—Congestion and enlargement of cervix. *Exam. by Speculum.*—Anterior labium, elongated; os, eroded. *Symptoms.*—Not given. *Duration.*—Unknown. *Cause.*—Abortion. *Treatment.*—July, 1861. Tonics; scarification once; caustic (solid) once. *Result.*—Discontinued her visits.

The scarification bled three days profusely, and gave the most marked relief.

Aug., 1864.—Mrs. D—— has been free from pelvic symptoms, and enjoyed perfect health since her attendance at the *Clinique*.

CASE CCXII.

J. M——, æt. 45; married; multipara. *Diagnosis.*—Congestion and enlargement of cervix; prolapsus uteri. *Exam. by Touch.*—Uterus, in axis of excavation; cervix, near introitus; anterior labium, very dense and resisting. *Exam. by Speculum.*—Neck, covered with varicose capillaries; os, not eroded. *Symptoms.*—Local disorders, slight; pain in left iliac region; menses have the last two years returned irregularly and scantily about every sixteen days; debility; nervousness; anorexia; neuralgia; constipation. Treated, recently, seven months by Dr. —— for uterine disease, and pronounced cured.

Duration.—Two years. *Cause.*—Change of life. *Treatment.*—Mar. 19th to June 3d, 1863—Tonics; laxatives; nervines; leeching, three times. *Result.*—Dismissed cured.

Sept., 1864.—Mrs. M—— continued free from all pelvic symptoms until three months ago. On examination, scirrhus of the anterior labium uteri is diagnosticated. Her subsequent history is unknown.

CASE CCXIII.

C. McD——, æt. 30; married. *Children.*—Six. *Abortions.*—Four two at second month. *Diagnosis.*—Congestion and enlargement of cervix; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus, in position, but below normal level; bladder, sunk in vagina. *Exam. by Speculum.*—Neck, œdematous, and of a pale color; os, eroded. *Symptoms.*—Two miscarriages, the past four months; complaining since last confinement; menses, only once in thirteen months; pain in back and over hips; tenderness at brim of pelvis; weight and pressure on walking; vaginal discharge; frequent micturition; anæmia, marked; appetite, poor. *Duration.*—Thirteen months. *Cause.*—Labor. *Treatment.*—Jan. 5th to 19th. Iron; bitters; scarification Jan. 5th, 12th, and 19th. *Result.*—Discontinued her visits.

May 25.—Mrs. McD—— reports that her health is now perfect in every respect. There are no pelvic pains, vaginal discharge, menstrual disorder, etc. The prolapsus of the uterus and bladder is still, however, somewhat troublesome during severe exercise.

CASE CCXIV.

E. C——, æt. 45; widow; multipara. *Diagnosis.*—Congestion and enlargement of cervix; polypi; prolapsus uteri; vaginocele. *Exam. by Touch.*—Uterus, in axis of excavation; os, near introitus; posterior wall of vagina, external. *Exam. by Speculum.*—Neck, puffy; three polypi, hanging from cervical canal; os, not eroded. *Symptoms.*—At her house, three years since, I removed three polypi by torsion from the inner cervix; previous to this operation, the menses were profuse, but subsequent to it, were until of late more natural; last two periods, attended with an excessive loss of blood; lumbar pains, extending through hips and down pelvis; pressure and dragging on exercising. She has, the last five years, taken from six to eight grains of opium daily. *Duration.*—Nine years. *Cause.*—Polypi. *Treatment.*—Oct. 27th to Nov. 12th. Polypi removed by torsion; scari-

fication, once. *Result.*—Discontinued her visits. At the second visit, the cervix presented almost a natural appearance.

May.—Mrs. C——, returning for treatment, states that she still has pelvic pains, an excessive monthly flow, and a free leucorrhœal discharge. *Treatment.*—Scarification, twice; caustic, once; pessary; injections of alum. *Result.*—Dismissed cured.

A month after her last attendance, she reported, on visiting the *Clinique*, that the pelvic symptoms had not returned, and that the pessary gave an efficient support to the uterus and vagina.

CASE CCXV.

M. C——, æt. 26; married two years. *Children.*—Two *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of cervix; hypertrophy, slight; prolapsus uteri. *Exam. by Touch.*—Uterus, slightly more bulky than normal, but at a proper angle; cervix, near perinæum. *Exam. by Speculum*—Neck, œdematous, and of bluish color; os, congested, but not eroded. *Symptoms.*—Complaining since second confinement; menses, regular, but free, clotted, painful, and prolonged to the tenth or eleventh day; pain in back and over hips; tenderness in front; bearing-down pains, increased by walking; pruritus, slight; leucorrhœal discharge, free and of a yellow color; anæmia; nervousness; hemicrania; palpitation of heart; constipation. *Duration.*—Two years. *Cause.*—Labor. *Treatment.*—Oct. 29th, 1864, to Apr. 16th, 1865. Tonics; cathartics; scarification Oct. 29th, Nov. 5th and 26th; three ovula Nabothi removed, Dec. 10th; scarification Dec. 16th and 22d; scarification and caustic Jan. 19th, Mar. 2d, and 18th; caustic Apr. 8th and 16th. *Result.*—Dismissed cured.

In January, the uterine congestion had greatly lessened, and her health was nearly regained. In May, the cure was thought to be attained, and yet for the sake of certainty, she was requested to return after the next menstruation. In June, her recovery was, on examination, found complete. As the prolapsus did not occasion any inconvenience, a pessary was not employed.

Nov. 8, 1867.—Mrs. C—— was confined at term five months ago, and is now well in every particular.

CASE CCXVI.

E. P——, æt. 38; married. *Children.*—Four. *Abortions.*—One at second month. *Diagnosis.*—Congestion and enlargement of cervix; prolapsus uteri et vesicæ; hypertrophy, slight; right lateral ob-

liquity of uterus. *Exam. by Touch.*—Uterus is larger than normal, lies in hollow of sacrum, and is fixed in position by adhesions; fundus, inclined toward right sacro-iliac junction; cervix points to left side, and rests near introitus. *Exam. by Speculum.*—Labia uteri, elongated; os, eroded. *Symptoms.*—Complaining since miscarriage; menses, regular, but painful and prolonged to the ninth day; a sense of weight and pressure in hypogastrium, causing frequent urination; pain and numbness in limbs, back and front; bearing-down feelings when walking; leucorrhœa; pruritus, formerly; extreme debility; nervous irritability; torpid bowels. Treated some months by Dr. ——, but without benefit. *Duration.*—Four years. *Cause.*—Abortion. *Treatment.*—May 13th, 1864, to July 8th, 1865. Tonics; purgatives; scarification May 15th, 20th, and June 4th; leech June 11th, July 3d, and Aug. 4th; scarification Oct. 15th and Nov. 5th; scarification and caustic Nov. 19th and Dec. 10th; scarification Jan. 7th, 17th, and 23d; leech Feb. 4th; scarification and caustic Feb. 20th and Mar. 4th; caustic Mar. 25th; scarification May 20th and June 17th; caustic July 8th. *Result.*—Dismissed cured.

In April, the pelvic symptoms had disappeared, and the uterine congestion was nearly removed. In July, the local treatment was omitted and the constitutional alone continued until the restoration of her health, four weeks afterward.

Oct. 10, 1866.—Mrs. P—— still remains free from pelvic symptoms, and has now completely regained her former color and strength.

May 10, 1868.—She has had no return of the uterine disease.

CASE CCXVII.

C. D——, æt. 25; married, multipara. *Diagnosis.*—Congestion and enlargement of cervix. *Exam. by Speculum.*—Cervix, swollen; anterior labium, elongated; os, eroded. *Symptoms.*—Four months ago treated here for intermittent fever, and cured by quinoidine after the failure of quinine. Menses return every third week, last from three to six days, and are very free and clotted; pain in back and over hips; leucorrhœal discharge, thick and yellow; debility; nervousness; gastric and hepatic disorder. *Duration.*—Unknown. *Cause.*—Unknown. *Treatment.*—Tonic; cathartic; scarification. *Result.*—Made one visit.

CASE CCXVIII.

M. A. J——, æt. 40; married seven years. *Children.*—Two. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of cer-

vix; induration of labium uteri; cervical abscess; prolapsus uteri et vaginæ; anteversion; vaginitis. *Exam. by Touch.*—Fundus, lying forward; cervix, pointing to hollow of sacrum; anterior labium, dense and resisting. *Exam. by Speculum.*—Neck, congested; os, eroded and granular; mucous inflammation. *Symptoms.*—During second pregnancy had tenesmus and bearing-down pains; now has dragging and forcing sensations in pelvis; leucorrhœa, occasional; burning and scalding in vagina; no pain in back, or tenderness above pubic bones; no urinary trouble; menses, normal; debility. *Duration.*—Four years. *Cause.*—Labor. *Treatment.*—Sept. 27th to Nov. 15th, 1864. Tonics; borax injections; scarification Sept. 27th, Oct. 11th, 18th, 25th, Nov. 2d and 15th. *Result.*—Dismissed cured.

June, 1865.—The pelvic symptoms have not returned, and her health is completely restored.

This was a case of genuine induration of the cervix. At first, malignant disease was suspected, but eventually, all doubt was cleared up, by the occurrence of suppuration in the substance of the neck, the discharge of pus, and the disappearance of the induration.

CHAPTER VII.

CLASS IV.—MULTIPARÆ.

Congestion of the Cervical Canal, Congested Circle around the Os Uteri, with or without the loss of Epithelium, Congestion and Enlargement of the Neck, Congestion and Enlargement of the Corpus Uteri, and slight Congestion of the Ovaries and Upper Portion of the Vagina.

ACTIVE CONGESTION OF UTERUS.

Symptoms General, Local—Anteversion, Additional Local Symptoms from; Examination by Touch, by Sound—Prolapsus, Additional Local Symptoms from; Examination by Touch, by Sound—Cases CCXIX.–CCXXIII. Complete—Cases CCXXIV.–CCXXXVIII. Abbreviated—Congestion, Physiological and Pathological, of Uterus—Cases CCXXXIX.–CCXLI. Abbreviated.

PASSIVE CONGESTION OF UTERUS.

I.—From Non-Involution—Symptoms General, Local; Examination by Touch, by Speculum, by Sound—Cases CCXLII. and CCXLIII. Complete—Cases CCXLIV.–CCLXXXIII. Abbreviated.

II.—From Mechanical Obstruction—Symptoms General, Local; Examination by Sight, by Touch, by Sound, by Catheter—Case CCLXXXIV. Complete—Cases CCLXXXV. and CCLXXXVI. Abbreviated.

Of the cases ranked in Class IV., it may be stated that there are usually present the morbid changes of the cervix, and the general and local symptoms hitherto described. To these changes, however, are added others of the corpus uteri; and to these symptoms, others arising from the repletion of the uterine veins, and the increased size and weight of the uterus.

In most instances in which the cervix has been much congested for a period of time, the corpus becomes eventually more or less affected, a result naturally following, since the nerves and arteries supplying the one supply the other also. In fact, the worst cases, just detailed in Class III., offered symptoms approximating in severity to those that are now about to be studied, symptoms indicative of a slight congestion of the veins of the uterus, and an incipient augmentation of its bulk.

ACTIVE CONGESTION OF UTERUS.

In the cases, however, which now claim attention, this congestion, no longer of a trivial character, nor with difficulty appreciated by the touch, has resulted in a general fulness of the vessels of the womb, and an enlargement of all its tissues, that are easily detected and estimated. Cervical disease, whatever its grade, solicits to and fills the uterine veins with a preternatural quantity of blood at each monthly epoch. This morbid stimulus, conjoined with the normal, induces an excessive venous congestion, of which the uterus, while it continues dense and contractile, frees itself when the menstrual molimen has passed. Should, however, this distending force, this *vis a fronte*, be operative month after month, the power of resistance would gradually lessen, the venous canals dilate, and the muscular walls enlarge. The distention being now constant instead of intermittent, the uterus becomes, by this permanent fulness of its vessels, augmented in bulk, and changed from a dense to a spongy body. Eventually, from this afflux and repletion, and the consequent exalted irritability of the nerves, the uterus acquires a fevered vital activity, and enlarges by an actual growth of its germ-fibres—an effort at development, though imperfect and abortive, such as is seen during utero-gestation. How much the ovaries are implicated, is difficult to determine with precision; but that they are, to a considerable extent, can not be questioned, when the class of symptoms awakened, and the identity of nervous and vascular supply to the internal genital organs, are considered.

GENERAL SYMPTOMS.

The local disease affecting important structures, and being of a grave character, the sympathetic disorders excited are of a severity commensurate with the vital endowments of the organs involved, and the extent and degree of the congestion.

The general symptoms given in the three preceding Classes are, as to their main features, repeated in this, but are usually much more intense and persistent. To these, however, certain others are added, that arise from the peculiar structure and

function of the uterus proper, and the special physiological laws presiding over the internal genitalia, when subjected to an unusual and continuous influx of blood.

The congestion of the uterus being chronic and active—a condition resembling that inaugurated by the act of conception, and perpetuated by the vitality of the embryo—the breasts, through sympathy, often present the earlier signs of pregnancy, the milk-ducts being enlarged and knotted, the nipples turgid and of a darker tint, the areolæ larger in size and deeper in color, and their follicles developed and filled with an unctuous secretion.

By sympathy also, through the interdependence established by the organic nerves, that almost exclusively preside over the functions of the digestive organs, morning sickness, gastro-intestinal disorders, and other feelings similar to those felt by the same person on former occasions, when pregnant, are experienced. Thus there may be a curious and singular combination of the symptoms, peculiar to an early stage of pregnancy and those pertaining to uterine disease. These two orders of symptoms, blending together and reacting upon each other, derive their main characteristics from the pathological congestion and development being so closely allied to the physiological congestion and development. Hence the present is distinguished from the preceding Classes by a more extensive range of sympathetic irradiations, and a more profound implication of the ganglionic and spinal nerves, as shown by the greater severity and obstinacy of all the disorders hitherto observed in uterine disease.

LOCAL SYMPTOMS.

In addition to the ordinary pelvic distress, which is much more severe in this than in the first three Classes, there exist pain and tenderness above the pubic bones. The uterus being frequently two, three, or even four times larger than normal, comes, by its augmented bulk, within reach of the hand, applied externally at the hypogastrium, or at least within range of pressure, and hence any increase of irritability in this organ is readily discoverable by palpation. The pain and tenderness usually present at the hypogastrium are still

further intensified, and, in many instances, almost wholly occasioned by the weight of the uterus, which, thrown forward on the bladder, puts the vesical attachments upon the stretch. These attachments, that bind this organ firmly to the inner face of the pubic bones, only yield to a great and long-continued distending force. As the uterus, by a correspondence of its axis with that of the superior strait of the pelvis, is normally inclined towards and supported by the bladder, and rises or falls as the bladder is full or empty; and as the uterus, at the union of its body and neck, is intimately and firmly united to the bladder by a thick and strong band of condensed areolar tissue, the latter organ is necessarily affected by any deviation of the former. In fact, the uterus is mainly retained *in situ* by the support gained from its neighbor. Thus it happens that the uterus, when enlarged, falls forward by the force of gravity, and presses upon the bladder, and at the same time subsiding to a somewhat lower level, and putting the utero-vesical ligament on the stretch, drags it downward, so much so that the *bas fond* encroaches upon the anterior part of the vagina. Hence, it is readily understood why the initial symptoms of anteversion and prolapsus are often quite severe, and why, in cases of hypertrophy, these two deviations are so commonly united. When, however, the vesical and utero-vesical ligaments have become weakened and elongated, and the parts accustomed to the malposition, then these displacements might be more extensive, and still the sufferings of the patient would be less intolerable than at the outset.

ADDITIONAL LOCAL SYMPTOMS FROM ANTEVERSION.

In anteversion, there are at all times pain and tenderness at the hypogastrium, and when the patient is much on her feet, a dragging sensation, or one of weight and soreness above and behind the pubic bones, a constant inclination to empty the bladder, and a difficulty in retaining the urine, that, from a misstep or a sudden jolt, comes away in gushes. These distressing symptoms are relieved in the horizontal posture, but are rendered more and more troublesome while the woman remains erect.

From the pressure occasioned by the weight of the enlarged uterus, the bladder becomes irritable, and the urine thick, clouded, and loaded with mucus and phosphates; and yet an actual disease of the latter organ is rarely excited—at least, however annoying the symptoms, the removal of the uterine congestion and enlargement disperses their attendants.

EXAMINATION BY TOUCH.

An examination by touch ought always to be practised in the erect posture, whenever the existence of anteversion is suspected, since in the recumbent, the womb subsides, by the force of gravity, into the axis of the superior strait. In the erect posture, when the breath is held and an expulsive effort made, the position of the pelvic organs during exercise or any laborious employment is correctly shown. The uterus inclines preternaturally forward, is situated more or less obliquely in the pelvis, and presents its anterior face downward, and within reach of the finger. The cervix is carried toward the sacrum, and the fundus thrown upon the apex of the bladder. In more aggravated cases, the os looks to the last bone of the sacrum, and the fundus rests behind the pubic bones. The unnatural weight thus superimposed on the bladder pushes it downward into the anterior part of the vagina, where its *bas fond*, when distended with urine, can be felt as a soft, fluctuating tumor.

Fig. 31.



Section of pelvis, one quarter of life-size.—Hypertrophy; anteversion, prolapsus uteri, first degree; prolapsus vesicæ.

When anteversion has existed a length of time—long enough

for the base of the bladder to be crushed into the vagina and expanded into a pouch—the uterus may sink in the excavation, and still be found maintaining its original abnormal angle. The cervix now points to the fourth or fifth bone of the sacrum, and the fundus abuts against the pubic bones, dividing the bladder, as it were, into two compartments.

By the subsidence of the uterus to a still lower level, the same relation may be maintained as before, provided the utero-vesical ligament is unyielding; but on this band becoming less tense and firm, the fundus may, possibly, fall below the base of the bladder, and thus sustain this viscus above it in the pelvis.

Under all these varied conditions noted above, the vaginal walls are relaxed and carried downward by the descent of the uterus, and either reduplicated within the vulvar orifice, or protruded externally.

EXAMINATION BY SOUND.

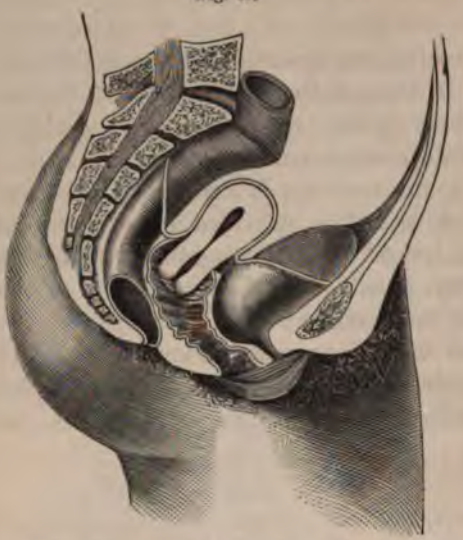
The catheterism of the uterus, when it thus deviates from its proper inclination, is attended with more than ordinary difficulty. This operation, though rarely necessary in making a diagnosis, may be performed, if deemed requisite, with a flexible instrument, one that is easily bent to any desired angle. The long diameter of the uterus being measured, the degree of its enlargement is estimated; and the direction of its axis being discovered, the extent of its deviation is known.

ADDITIONAL LOCAL SYMPTOMS FROM PROLAPSUS.

In the majority of instances, the uterus, as it displaces the bladder and sinks in the pelvis, is, from the resistance offered by the vesical ligaments and the pelvic bones, thrown into the axis of the excavation; by which means a combined anteversion and prolapsus are converted into a simple prolapsus.

When the uterus is at a lower level than normal, the pains arising from uterine congestion are markedly increased by exercise, which also gives rise to a feeling of weight and dragging, as though the pelvic contents were settling downward and pressing upon the perinæum. By the hyperæsthesia of the

Fig. 32.



Section of pelvis, one quarter of life-size.—Prolapsus uteri, second degree; prolapsus vesicæ.

Fig. 33.



Section of pelvis, one quarter of life-size.—Prolapsus uteri, changing from the second to the third degree; cystocele; vaginocele.

uterine nerves, and the presence of a large body, the uterus, in the excavation, reflex action is frequently incited; and then the patient, in addition to other ill feelings, has, when much on her feet, an expulsive, tenesmetic feeling, that impels her involuntarily to force down, as if at stool. These pains, irradiating to the bladder or rectum, often interfere with its functions, and occasionally produce symptoms that seem to indicate a settled vesical or rectal disease. Indeed, in all cases, the more severe symptoms attending prolapsus of the uterus are, almost always, due to the irritation excited in the other pelvic organs.

A prolapsus of the uterus, when it is not congested, and when it does not interfere with its neighbors, may give rise to little or no inconvenience, and be unsuspected either by the patient or the physician.

EXAMINATION BY TOUCH.

Prolapsus uteri may, for the convenience of description, be divided into three stages or degrees, or into four, if procidentia, which is considered in another connection, is also included.

Fig. 34.



Section of pelvis, one quarter of life-size.—Prolapsus uteri, third degree; prolapsus vaginæ.

In the first, prolapsus and anteversion are usually united, in which case the peculiarities recently described are presented to the finger.

In the second, the uterus descends into the pelvic cavity in the axis of the superior strait, the corpus pointing upward and forward to the umbilicus, and the cervix downward and backward to the coccyx. The vaginal walls are relaxed, being sometimes thrown into folds at the vulva, and sometimes extruded externally, and the neck of the bladder is expanded into a large, doughy tumor, that occupies the anterior part of the vagina.

In the third, the long diameter of the uterus corresponds with the axis of the excavation, the vagina is loose and reduplicated, or protruding through the introitus, and the bladder, should the utero-vesical ligament continue dense and short, is thrust forward in advance of the uterus, and carried down toward, within, or even beyond the ostium vaginæ; but should this band be relaxed and elongated, the uterus, unchecked in its descent, passes the *bas fond*, and alone meets the finger.

EXAMINATION BY SOUND.

In prolapsus, an examination by the sound is practised with the greatest facility, and shows more readily than in the normal position of the uterus, the depth of its cavity, the extent of its enlargement, and the inclination of its axis.

CASE CCXIX.

Congestion of Uterus; Hypertrophy; Anteversion; Prolapsus Uteri et Vesicæ; Elongation of Anterior Labium; Leucorrhœa; Change of Life; Recovery.

Mrs. McA——, æt. 56 years, and married, presented herself at the college *Clinique* the 25th of October, 1862. She has had two children, but no miscarriages, and had enjoyed good health until four years ago, when her courses, regular and natural to that time, ceased, and have not since returned. She is full-blooded and corpulent, and has a yellow, semi-jaundiced complexion, tenderness over the liver, disorder of the stomach, pain in the back, extending over the hips, and dragging, forcing, tenesmetic sensations in the pelvic cavity. These local symptoms are increased by exercise to such a degree as to render walking difficult, and at times impracticable. Formerly during the act of menstruation, her breasts became full and tense, and were the seat of shooting pains, and now their areolæ are of a brownish color, and studded with developed follicles.

Examination by Touch in Erect and Recumbent Postures.—The uterus and bladder are prolapsed in the first degree; the uterus is anteverted, its body resting on the bladder, and its neck looking backward and downward toward the apex of the sacrum; the os is patulous, and the anterior labium is more prominent, and the body of the womb more bulky, than in the normal condition—changes easily detected by the finger. The bladder is pressed down by the superincumbent weight of the uterus, so that the *bas fond* encroaches upon the anterior part of the vagina.

Examination by Speculum.—The cervix is congested, the inner portion, three eighths of an inch broad, surrounding the os, being of a bright-red color, but not eroded, and the outer, be-

yond this circle, of a purplish appearance. The anterior lip is prominent and much enlarged, and imparts an unusual feeling of firmness and resiliency. An albuminous secretion hangs from the os, which is so expanded as to allow the congestion extending up the cervical cavity to be seen. The vaginal mucous membrane is not inflamed.

A vegetable diet was enjoined, a purgative of blue mass and aloes ordered, and scarification practised.

Nov. 3.—The gastric and hepatic symptoms continue unrelieved. Scarified, and prescribed calomel and jalap.

Nov. 13.—The condition of the stomach and liver is much improved. As scarification did not occasion a hæmorrhage sufficient to change the appearance of the local congestion, or mitigate its symptoms, two leeches were applied. These bled freely at the time, and also for several hours after her arrival home, so much so, that she sensibly felt the loss of blood.

Nov. 22.—The congestion being very much reduced by the leeching, the depletion was, at and from this date, accomplished by scarification.

Dec. 3.—The patient's condition, both general and local, is decidedly improved. Scarification was practised.

Dec. 10.—Slight symptoms of gastric and hepatic derangement have returned. Repeated the prescription of blue mass and aloes, and scarified.

Dec. 17.—Scarified.

Dec. 24.—The menses are present. The local treatment was omitted.

Jan. 2, 1863.—Gave a mercurial purgative, and scarified.

Jan. 10.—The disorders of the digestive organs are removed; the bluish appearance of the cervix is replaced by the natural color, and the deep-red circle bounding the os uteri has disappeared. Caustic was introduced into the cervical cavity.

Jan. 16, 24, *and Feb.* 7.—Caustic was applied.

Feb. 14.—The patient was dismissed cured.

Commentary.—The pain and suffering of a local character, experienced in this case, were due almost exclusively to the anteverted and hypertrophied uterus, resting upon and crushing down the bladder. The uterus being a movable organ, and

adapted to no inconsiderable changes of position, as is observed during pregnancy, its prolapsus alone will not give rise to the extreme irritation that is always induced when the other pelvic organs are involved in the malposition. For example, should the bladder, a fixed organ, bear the weight of the womb when two or three times heavier than normal, it would necessarily be the seat of great pain, since now its attachments are put upon the stretch, and its walls, those of the *bas fond* more especially, subjected to constant irritation. Eventually, however, in most cases of hypertrophy and anteversion, the ligaments become relaxed, and then the uterus and the bladder subside into the vagina.

The hyperæmia of the uterus was, in this instance, due to the sudden cessation of the menses at the change of life; whereas the decline of this function ought to be gradual, so that nature may be allowed time to accommodate herself to this radical revolution in the system.

The climacteric period is not unusually marked by menorrhagia, which removes, by a natural effort, the congestion occasioned by the insufficiency or absence of the catamenia. Should, however, relief not be thus attained, it ought to be sought by artificial appliances, since this fulness of the uterine vessels predisposes to morbid growths and malignant diseases, that often take their rise at this age.

In any case, if there be an augmented flow of blood to the pelvis, whether from pregnancy, benign disease, polypus, or other growth in the cavity of the womb or its walls, the liver from sympathy will, as a rule, have its function disordered. So, also, the like development of the uterus, whatever the cause, will induce the like changes in the breasts and their areolæ. These changes, proportioned to the increase in the size of the uterus, will not, however, be very marked; and yet they are usually no greater in the first and second months of utero-gestation, than in the diseased conditions just named.

The patient's health being unimpaired, no internal remedies were given, excepting those that were required to correct the hepatic and gastric secretions. The local treatment was, at first, limited to depletion by scarification and leeching, the former

being applicable when the congestion is slight or has been reduced by previous leeching, and the latter when the congestion is great, and particularly when the body of the uterus is implicated. The loss of blood, aided by a vegetable diet and mercurial purges, having had the desired effect, the cure was completed by applying caustic to the cervical cavity, within which the congestion is almost sure to retain its hold insidiously, unless thus removed. This hidden disease of the Nabothean glands is never eradicated by any other method, and if these precautionary applications be neglected, the original trouble will surely return at no distant day.

It is to be noted as a remarkable fact that the menses continued to recur normally until the fifty-sixth year, a peculiarity rarely observed.

CASE CCXX.

Congestion of Uterus; Hypertrophy; Anteversion; Prolapsus Uteri et Vesicæ; Elongation of Anterior Labium; Erosion; Leucorrhœa; Recovery; Pregnancy.

M. M——, æt. 35 years, the mother of eight children, the youngest of whom is twenty-two months old, came to the *Clinique* from New-York City, Oct. 31st, 1862. She has since her last labor become much reduced in strength, and has the past year and a half been under a physician's care, whose treatment, however, consisted of constitutional remedies alone.

The catamenia return about every two and a half weeks, and a vaginal discharge of a mucous character and a dirty color is present during the menstrual interval. At all times, there are sacro-lumbar pains that pass over the left hip, and down the left thigh in front to the knees. These pains, when she takes exercise, are intensified and accompanied with a sense of weight and pressure at the pelvic outlet. She is obliged to pass her urine frequently, as often as every half-hour, and does so with difficulty.

Examination by Touch.—The uterus is double its natural size, lies forward on the bladder, and is slightly sunk below its normal level; the cervix looks to the point of the sacrum, and the anterior surface of the body and fundus is within reach of

the finger; the neck is swollen; the os is rough and dilated; the anterior lip is firm and protuberant; and the *bas fond* of the bladder is crowded into the anterior part of the vagina.

Examination by Speculum.—The cervix is congested; and the os congested, denuded of epithelium, and giving issue to a mucous secretion that is discolored by disintegrated blood.

From the anteversion, difficulty was experienced in bringing the os into the field of vision. The enlargement of the neck and elongation of the anterior lip presented still other impediments. At last, however, a tolerable view was obtained. The scarificator was used Oct. 31st; leeches, Nov. 10th; the scarificator, Nov. 16th; the caustic solution, Nov. 25th; the scarificator, Dec. 4th and 8th; the scarificator and caustic solution, Jan. 13th, 1863; and the caustic solution, Jan. 23d, 30th, and Feb. 16th.

Tonics, principally the ferruginous, were employed with the above means, and continued after these were deemed no longer necessary.

The improvement was slow, and at times scarcely perceptible, and the catamenia were still too frequent and long continued.

May 16, 1863.—Mrs. M—— has been absent since the middle of February.

Examination by Speculum.—The body, neck, and mouth of the womb have returned to their normal condition, but still the bladder is prolapsed, and the uterus anteverted, though less decidedly than at first.

The unpleasant symptoms that were now experienced, being supposed to originate chiefly from the imperfect support given to the uterus by the pendulous, abdominal walls, a broad bandage was directed. This, however, she was unable to tolerate.

Sept. 28, 1864.—This patient, now near her confinement, is in perfect health. She has been well since her attendance at the *Clinique*.

June, 1865.—Mrs. M——, who is nursing her child, remains free from all pelvic symptoms, either those indicative of uterine disease, or of uterine or vesical displacement.

CASE CCXXI.

Congestion of Uterus; Hypertrophy; Anteversion; Prolapsus Uteri et Vesicæ; Elongation of Anterior Labium; Erosion; Vascular Tumor; Menorrhagia; Leucorrhœa; Recovery.

M. S——, æt. 39, a widow, and the mother of nine children, but never the subject of a miscarriage, came to the *Clinique* August, 1863. Three years since, Dr. ——— treated her six months by the speculum for uterine disease, but without benefit. Her symptoms, that date from the fifth confinement, six years ago, have constantly increased in severity to the present time.

She is very anæmic, has a poor appetite and a torpid state of the bowels, and is worn out by prolonged suffering and by excessive labor, from which, on account of poverty, she has no respite.

The menses are very free, and have returned every two weeks since the birth of the last child, five months ago. There are present pain in the back, over the hips, and down the thighs in front; tenderness in the lower front part of the abdomen; and a forcing, dragging sensation at the floor of the pelvis when she is on her feet. The vaginal discharge is thick, tenacious, profuse, and of a yellowish color. There are no burning, scalding feelings in the vagina, nor urinary troubles, excepting a deficient secretion by the kidneys.

Examination by Touch.—The uterus, hypertrophied and slightly prolapsed, lies forward on the bladder, and by its weight presses the *bas fond* downward into the anterior part of the vagina; the cervix is very much enlarged, especially the anterior labium, which is firmer and more projecting than natural; the surface of the neck feels rough, and the os is expanded and everted.

Examination by Speculum.—The cervix is markedly congested, and here and there dotted over with points of a deep-red color; the os is surrounded by a congested border, but is not abraded, and the Nabothean glands are secreting copiously. The pressure of the speculum causes drops of blood to start out from the over-burdened capillaries of the labia uteri.

From the extreme anteversion of the uterus, and the prominence of the anterior labium, it was difficult to bring the os well into view.

Laxatives, bitters, and iron were prescribed, and scarification was practised Aug. 19th, 21st, 27th, and Sept. 3d.

Sept. 3.—Mrs. S—— has an excellent appetite, and is rapidly recovering her strength and color. The uterine congestion is relieved, but the anterior lip still continues larger than normal, and the cervical follicles still secrete an excess of albuminous matter.

Difficulty was experienced in the application of the caustic, both from the anteversion causing the uterus to tilt still more forward when pressure was made on the os, and from the contracted state and the tortuous course of the cervical canal preventing a satisfactory introduction of the swab.

Caustic was used, though imperfectly, Sept. 10th, Oct. 1st, Nov. 16th, Dec. 7th, 11th, and Jan. 18th, 1864, and scarification Dec. 21st, 1863, and Jan. 18th, 1864. The womb-disease was apparently cured at the last date, the patient being free from general and local symptoms and any perversion of the menstrual function; but still the cervical secretion was excessive. During the treatment, she continued to nurse her child.

March 22, 1864.—Mrs. S—— has been twice at the *Clinique* since Jan. 18th. She is very much reduced by a menorrhagic flow, that attacked her the first of last month. The tincture of the chloride of iron was ordered.

Examination by Speculum.—There is now a loss of epithelium in addition to the leucorrhœal secretion.

Caustic was applied Mar. 22d and Apr. 26th, but tonics were alone employed Apr. 5th, May 17th, and July 5th. At the last date, there were no pelvic symptoms, nor, in fact, any thing to draw attention to the uterine organs, excepting a very trivial vaginal discharge.

Examination by Touch.—The uterus is prolapsed, its neck resting on the floor of the pelvis, near the rectum, and the bladder is pressed down, its *bas fond* encroaching upon the anterior part of the vagina.

Examination by Speculum.—The inner cervix still presents a

preternatural redness, which it is difficult to thoroughly touch with the caustic solution.

Sept. 2.—She is extremely exhausted by over-work in the endeavor to support her children. Tonics were ordered, and caustic was applied.

March 27, 1865.—Mrs. S—— was quite well until a month since, when she contracted a bronchitis.

Examination by Speculum.—The uterus is free from disease, but the meatus urinarius is the seat of a vascular tumor; this, though in a formative stage, is very sensitive.

To this growth the solid caustic was applied.

Sept. 28.—On examination, it is found that the uterus has regained its normal size, that the cervix presents a healthy appearance, that the vascular tumor has disappeared, and that the prolapsus is still present, though the occasion of no inconvenience.

Oct. 2, 1867.—Mrs. S—— enjoyed perfect health—had no pulmonary, uterine, or urinary disorder—until four months ago, when the catamenia became too free, and a leucorrhœal discharge commenced. A tonic mixture was ordered, and an examination promised at the next visit. The patient, however, failed to return.

CASE CCXXII.

Congestion of Uterus; Hypertrophy; Anteversion; Prolapsus Vesicæ; Erosion; Leucorrhœa; Recovery; Phthisis.

S. V——, aged 38 years, and married, the mother of one child eighteen years old, but never the subject of a miscarriage, came to the *Clinique* Jan. 18th, 1864. Her health, that first began to fail at her confinement, has gradually become worse and worse to the present time. She is thin, pale, and weak, has a putrid discharge from the nose, suffers from a fixed pain under the scapulæ, and shifting pains in various parts of the body, and is troubled with flatulence and constipation. She has, however, a good appetite, and apparently a perfect digestion. There is marked torpor of the liver, that gives the conjunctivæ a yellow color, and the skin a sallow tint, and that by causing fulness of the rectal veins, has resulted in hæmorrhoids, with which she

is greatly tormented. Subsequent to the birth of her child, the menses were infrequent and scanty, but of late, though still scanty, they are regular. There is no irritation of the bladder, nor itching, scalding, or burning sensation in the vagina, but there are a thick, copious, yellow-colored discharge, lumbo-sacral pains, extending over both hips, and tenderness in the iliac and hypogastric regions. These pelvic pains, present at all times, are increased by exercise, which brings on bearing-down feelings.

Examination by Touch.—There is anteversion so extreme that the entire anterior and upper surface of the fundus can be reached with facility by the finger; the uterus is more bulky than normal, and lies obliquely in the pelvis; the os points toward the fourth bone of the sacrum, and the bladder bulges into the vagina.

Examination by Speculum.—The cervix is congested and swollen; the os is surrounded by a deep-red border and eroded, and the cervical follicles are secreting albuminous matter in great abundance.

The scarificator was employed Jan. 18th; a leech, Jan. 25th; the scarificator, Feb. 12th and 29th; the scarificator and caustic solution, Mar. 22d; the scarificator, Mar. 29th; the scarificator and caustic solution, Apr. 19th; the scarificator, May 17th, June 1st, 15th, and 29th. The constitutional treatment comprised an occasional dose of blue mass, united with a laxative, and the continuous use of a tonic, iron more especially.

April 19.—She feels much better than formerly, as many of the more urgent symptoms have disappeared, and the secretion of the liver has regained its normal character. The local disease, however, as far as can be determined by the eye, remains without change, although there is now less pelvic distress, less trouble on walking, and less perversion of the menses.

Aug. 9.—The patient has been in the country since April. She has received some benefit from the change, but still has not, in a satisfactory manner, improved in flesh, strength, and color, and, without apparent reason, the iron that she has taken for a long while, fails to enrich her blood and restore tone to the nervous system.

The local treatment has succeeded to a certain point, at which the congestion remains nearly stationary. The hypertrophy and anteversion are less pronounced, the pelvic pains are less severe, the bearing-down sensations, on walking, are relieved, and the monthlies are restored to the normal state, and yet redness of the cervix, abrasion of the os, and an excessive secretion of the Nabothean glands are still present.

Scarified, Aug. 9th, 23d, Sept. 12th, 20th, Oct. 18th, Nov. 1st, 22d, Dec. 13th, 20th, Jan. 7th, 1865, 31st, Mar. 24th, Apr. 8th and 22d, and applied caustic Sept. 12th, Nov. 22d, Jan. 31st, 1865, and Apr. 22d.

Jan. 31, 1865.—The womb-disease, excepting a slightly excessive cervical secretion, is removed, and yet, what is surprising, her general condition is not improved.

Sept. 4, 1865.—Mrs. V—— has been in the country the past summer, and, with the exception of the visit in April, has not received any local treatment since January. The uterine disease, as shown by the speculum, is removed, and no pelvic symptoms are now present, but still she has not regained her flesh and strength, and, in addition, has the past two months been troubled with a dry, hacking cough. The pallor, emaciation, and debility, that persist so obstinately in this case, notwithstanding the complete removal of the pelvic disease, and the long and faithful use of tonics, are now as well pronounced as at the first visit.

On a physical exploration of the chest being made, a considerable deposit of tubercles in the right lung was diagnosed.

Mrs. V——, subsequent to the above date, discontinued her attendance.

Commentary.—The successful treatment of congestion, hypertrophy, and extreme anteversion of the uterus, under such adverse conditions, in spite of the tubercular diathesis, and even though one lung became at last seriously implicated, attests the value of topical depletion that in this case was almost solely practised.

CASE CCXXIII.

Congestion of Uterus; Hypertrophy; Anteversion; Prolapsus Uteri et Vesicæ; Vaginitis; Leucorrhœa; Chronic Diarrhœa; Recovery.

E. F——, æt. 35, and married, the mother of four children, and subsequently the subject, four years ago, of an abortion near the close of the sixth month, came to the *Clinique*, Feb. 9th, 1864. Directly after this accident, she experienced pelvic irritation, and she now suffers from the following symptoms: recurrence of the courses about every twenty days; a profuse vaginal discharge; lumbar pains, extending through the hips, and sometimes darting forward to the iliac fossæ; frequent calls to urinate, and itching, scalding, and burning sensations in the vagina. The courses, except in frequency, are normal, and there is no pain or tenderness at the hypogastrium, nor dribbling of the urine on walking. She is much reduced in health, and has since the miscarriage suffered from a chronic diarrhœa.

Examination by Touch.—The uterus is anteverted, and more than twice its natural size; the anterior and upper surface of the fundus is within reach of the finger; the cervix looks toward the fifth bone of the sacrum, and the bladder is pressed down into the vagina.

Examination by Speculum.—The cervix is congested and enlarged, and the vagina has a deepened color, and an increased epithelial desquamation, but the os is not abraded.

General remedies were administered, and scarification, which resulted at each operation in a considerable loss of blood, was practised, Feb. 9th, 16th, Mar. 7th, 27th, Apr. 4th, 11th, 26th, May 2d, 10th, and June 13th. At the last date the diarrhœa, which had off and on been very troublesome, became, with the increasing heat of the weather, extremely exhaustive, so much so that it was thought useless to follow up the local treatment whilst the frequency of the alvine movements continued.

Nov. 2, 1864.—The bowels being now restored to a more healthful condition, the local treatment was resumed. The scarificator was employed Nov. 2d, 23d, 29th, Dec. 14th and

21st; the caustic solution, Jan. 18th, 1865, Feb. 6th and 15th; the scarificator, Mar. 7th and 13th; and the caustic solution, Apr. 3d, 11th, May 25th, June 1st, 11th, 20th, 27th, and July 13th.

In February, 1865, the uterine disease was, with the exception of a considerable congestion, and a superabundant secretion of the cervical follicles, removed, and the diarrhœa which had slowly yielded, was so effectually subdued that it gave no further annoyance during the remainder of the treatment. This diarrhœa, little under the command of general remedies, but eventually arrested by topical means, *pari passû* with the abatement of the supersensitiveness of the uterus, appears to have been dependent on the nervous irritability, reflected to the bowels from the generative organs. This case being now reduced to Class I., the congestion of the inner cervix was treated with caustic. On the excess of the cervical secretion, and the irritability of the uterine nerves being subdued by these applications, her health was, in all particulars, speedily reëstablished. This favorable result was doubtless permanent. The patient, however, failed to report subsequently at the *Clinique*.

CASES CCXXIV.–CCXXXVIII. ABBREVIATED.

CASE CCXXIV.

B. M——, æt. 24; married. *Children.*—Two. *Abortions.*—None. *Diagnosis.*—Congestion of uterus. *Exam's.*—None. *Symptoms.*—Menses, regular, but copious, clotted, and prolonged seven days; ordinary pelvic disorders; anæmia; palpitation of heart; shortness of breath, on exertion; tenderness over spleen. *Duration.*—Seven months. *Cause.*—Labor. *Treatment.*—Persulphate of iron. *Result.*—Made one visit.

CASE CCXXV.

B. H——, æt. 40; married. *Children.*—Five. *Abortions.*—One at third month. *Diagnosis.*—Congestion of uterus. *Exam's.*—None. *Symptoms.*—Menses returned three and a half months after confinement, and were profuse and prolonged; debility; anorexia; abscess of breast; fissure of nipple. *Duration.*—Four and a half

months. *Cause.*—Labor. *Treatment.*—Tonic; caustic (solid) to fissure. *Result.*—Made one visit.

CASE CCXXVI.

E. S——, æt. 40; married. *Children.*—Several. *Abortions.*—Unknown. *Diagnosis.*—Congestion of uterus; hypertrophy. *Exam. by Touch.*—Uterus, slightly more bulky than normal; cervix, dense and resisting; os, not detected. *Exam. by Speculum.*—Cervix, congested; os, contracted by membranous fold to size of a pin's point. *Symptoms.*—Menses, the last six months, regular, but scanty; pain in back and over hips; no leucorrhœa; tenderness over liver, stomach, and colon; debility; nervousness; hæmorrhoids; anorexia; constipation. She was treated, six years since, by Dr. —— for *ulceration*, and made much worse. *Duration.*—Six years or more. *Cause.*—Escharotics. *Treatment.*—Tonics; cathartics; introduced bougie and then uterine sound, forcibly, July 1st; scarification, July 11th; caustic, Aug. 12th.

July 11.—A free, bloody discharge continued four days after the operation, and nearly banished the pelvic pains.

Aug. 12.—The cervix and os uteri are assuming a normal appearance.

Aug. 22.—The congestion is removed.

Result.—Dismissed cured.

CASE CCXXVII.

D. McG——, æt. 24; married four years. *Children.*—Three, last three months since. *Abortions.*—None. *Diagnosis.*—Congestion of uterus; hypertrophy; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus, enlarged, but holding its proper inclination; cervix, near perinæum; *bas fond*, sunk in vagina. *Exam. by Speculum.*—Neck, congested, and of a bluish color; os, not eroded. *Symptoms.*—Health, bad since first confinement, but worse since the last; leucorrhœa, free; pressure down pelvis on standing or walking; no pruritus, vesical irritation, lumbar pains, or other pelvic symptom; menses returned the fourth week after last labor, and are now regular, but too free and prolonged; debility; constipation. *Duration.*—Three years. *Cause.*—Labor. *Treatment.*—Dec. 1st, 1864, to Feb. 16th, 1865. Tonics; laxatives; scarification, Dec. 1st, 8th, 22d, 29th, Jan. 5th and 19th; leech, Jan. 26th; scarification and caustic, Feb. 3d; scarification, Feb. 9th.

Dec. 22.—There is marked improvement.

Jan. 19.—The cervix is reduced in size, and the leucorrhœa has disappeared.

Feb. 16.—The cure is nearly completed. As she had passed over the last period, pregnancy was suspected and local applications were omitted.

Result.—Discontinued her visits.

February, 1867.—Mrs. McG—— was confined November, 1865, and remained free from uterine symptoms until recently. These, however, were so slight that she failed to return for an examination.

CASE CCXXVIII.

J. E——, æt. 30; married. *Children.*—Seven, last three years old. *Abortions.*—Two, one at sixth month and one at fourth month. *Diagnosis.*—Congestion of uterus; prolapsus uteri et vesicæ; vaginitis, desquamative. *Exam. by Touch.*—Cervix, near anus; *bas fond*, filling vagina. *Exam. by Speculum.*—Neck, congested; slight mucous inflammation; no erosion. *Symptoms.*—Complaining since first miscarriage; menses, normal; leucorrhœa; pain in back and over hips; pressure and dragging, on walking; pruritus; anæmia; torpor of liver; constipation. *Duration.*—Five years. *Cause.*—Abortion. *Treatment.*—Aug. 1st to Feb. 27th. Tonics; laxatives; scarification and caustic, Aug. 1st and 11th; caustic, Aug. 17th.

Aug. 24.—The cessation of the menses, and the appearance of the areolæ indicating the occurrence of conception, the local treatment was omitted.

Feb. 11.—The menses returned in September; caustic was applied.

Feb. 27.—The womb-disease and vaginitis are removed. The symptoms that remained were thought due to the prolapsus and the defective menstruation combined.

Result.—Discontinued her visits.

April 2.—The menses are still irregular and scanty. The pelvic symptoms have not returned.

CASE CCXXIX.

M. W——, æt. —; married. *Children.*—Two. *Abortions.*—None. *Diagnosis.*—Congestion of uterus; hypertrophy; prolapsus. *Exam. by Touch.*—Uterus, bulky and slightly below its normal level. *Symptoms.*—After birth of second child had metritis, and subsequently did not menstruate for three years; menses the past eight

years, painful, too frequent and very free; pain in back, over left hip, and down left thigh; tenderness in left iliac fossa; leucorrhœa; pruritus; dysuria; neuralgia; hæmorrhoids; bowels, often two weeks unmoved; debility; gastric disorder. *Duration.*—Eleven years. *Cause.*—Metritis, puerperal. *Treatment.*—General remedies. *Result.*—Made two visits.

She discontinued her attendance before the speculum was employed.

CASE CCXXX.

Mrs. B——, æt. 30; married. *Children.*—Four. *Abortions.*—None. *Diagnosis.*—Congestion of uterus; hypertrophy. *Exam. by Touch*—Uterus, larger than normal. *Exam. by Speculum.*—Neck, congested; os, not eroded. *Symptoms.*—After birth of last child, there was no lochial discharge; the only disorders present, at that time, were weakness and pelvic pains; now pain in back and through loins; tenderness in hypogastrium; menses return every third week, and are very free; vaginal discharge; anæmia; hæmoptysis; anorexia; constipation; gastric disorder. *Duration.*—Fourteen months. *Cause.*—Suppressio lochium. *Treatment.*—Iron; bitters; laxatives; leeching, once. *Result.*—Made two visits.

CASE CCXXXI.

M. H——, æt. 35; married. *Children.*—Five. *Abortions.*—Two. *Diagnosis.*—Congestion of uterus; prolapsus uteri et vesicæ; phthisis. *Exam. by Touch.*—Cervix, near perinæum; bladder, sunk in vagina; elongation of anterior labium. *Exam. by Speculum.*—Neck, congested; os, not eroded. *Symptoms.*—Complaining since last confinement; menses, regular, but very free, and often prolonged to the eighth or ninth day; pain in back, over left hip, and in left ovarian region; forcing, pressing feelings down pelvis, on walking; leucorrhœa, profuse; pruritus; emaciation; debility; anorexia; ozæna; tubercular deposit in top of left lung.. *Duration.*—Three and a half years. *Cause.*—Labor. *Treatment.*—Sept. 1st, 1863, to Feb. 22d, 1864. General remedies; scarification, Sept. 1st; two leeches Sept. 15th; scarification, Oct. 1st; scarification and caustic, Nov. 20th; scarification, Dec. 11th, Jan. 27th, 1864, and Feb. 22d. *Result.*—Discontinued her visits.

She was improving, both locally and generally, at the last date.

July, 1864.—Mrs. H—— visiting the *Clinique* at this date, it is found, on employing the speculum, that the uterine disease has returned to its

original condition, and also, on resorting to auscultation and percussion that the left lung has become seriously affected with tubercles. From the extent of the deposit, and the cachectic condition of the patient, it was thought inexpedient to resume the local treatment.

CASE CCXXXII.

S. A——, æt. 33; married. *Children.*—None. *Abortions.*—Three, two at third month. *Diagnosis.*—Congestion of uterus. *Exam's.*—None. *Symptoms.*—Three miscarriages the past year and a half, the last seven months since; menses, profuse, and present more than half the time; anæmia; hemicrania; noises in ears; legs pit on pressure; constipation. *Duration.*—A year and a half. *Cause.*—Abortion. *Treatment.*—Feb. 24th to May 1st. Tonics; laxatives. *Result.*—Discontinued her visits.

The menses became more natural, and her health was much improved; but, as she interrupted her attendance before it was thought wise to employ local means, the womb-disease probably continued in a milder form.

CASE CCXXXIII.

M. L——, æt. 36; married. *Children.*—One, fifteen years old. *Abortions.*—None. *Diagnosis.*—Congestion of uterus. *Exam's.*—None. *Symptoms.*—Was well in every respect up to the last monthly period, when, from fright, the flow that had just appeared, became excessive, and was prolonged to the end of the third week; red discharge, absent two days; leucorrhœa; gastric and hepatic disorder; torpidity of bowels. *Duration.*—Twenty-four days. *Cause.*—Fright. *Treatment.*—Cathartic; iron. *Result.*—Made one visit.

CASE CCXXXIV.

A. T——, æt. 25; married two years. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of uterus; hypertrophy; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus, twice or thrice its normal size; cervix, near floor of pelvis; bladder, sunk in vagina. *Exam. by Speculum.*—Neck, congested; os, not eroded. *Symptoms.*—Labor, terminated by forceps, menses returned at the end of the third month, and were subsequently regular but profuse; menorrhagic flow, present the past four weeks; no pelvic symptoms, until of late; lumbar pains; tenderness at hypogastrium; anæmia; appetite, poor; bowels, bound. *Duration.*—Seven months. *Cause.*—La-

bor. *Treatment.*—Nov. 10th to May 30th. Iron; bitters; purgatives; scarification, Nov. 10th; caustic, Nov. 22d; scarification, Dec. 20th, 31st, and Jan. 28th; scarification and caustic, Feb. 11th and Mar. 7th; caustic, Mar. 14th, 27th, Apr. 4th; scarification and caustic, May 9th and 30th. *Result.*—Dismissed cured.

July.—Mrs. T——'s recovery is found, on making a speculum examination just after the close of menstruation, completely reëstablished.

CASE CCXXXV.

S. A——, æt. —; married. *Children.*—Five. *Abortions.*—Four, one at second month and three at fifth month. *Diagnosis.*—Congestion of uterus. *Exam's.*—None. *Symptoms.*—Complaining since last miscarriage; menses were at first irregular and defective, but have the past six weeks been nearly continuous, and excessively free; usual pelvic disorders. *Duration.*—Seven months. *Cause.*—Abortion. *Treatment.*—Iron; bitters. *Result.*—Transferred to the medical department.

Mrs. A—— was found to labor under another disease of so serious a nature as to preclude the employment of the local treatment.

CASE CCXXXVI.

M. C——, æt. 31; married. *Children.*—Four. *Abortions.*—Two at third month. *Diagnosis.*—Congestion of uterus; hypertrophy; anteversion; vaginitis, desquamative. *Exam. by Touch.*—Uterus, increased in size; fundus, thrown forward on bladder. *Exam. by Speculum.*—Erosion; upper segment of vagina, of deepened color. *Symptoms.*—Complaining since second miscarriage; menses return every three weeks, and are very free; usual pelvic symptoms; vaginal discharge; since miscarriage, has had a living child. *Duration.*—Three years. *Cause.*—Abortion. *Treatment.*—Tonics; two leeches, once; scarification, three times. *Result.*—Discontinued her visits.

Mrs. C——, when she interrupted her attendance, was free from pelvic symptoms, and felt quite well in other respects. The cure, which was nearly attained, was doubtless completed by the renewed vital power of the uterine tissues.

CASE CCXXXVII.

E. W——, æt. 37; married. *Children.*—Seven. *Abortions.*—None. *Diagnosis.*—Congestion of uterus. *Exam's.*—None.

Symptoms.—Menses, normal until seven months since, when they became hæmorrhagic and nearly continuous; lumbar pains; pelvic weight and pressure; anæmia from the loss of blood. *Duration.*—Seven months. *Cause.*—Unknown. *Treatment.*—Persulphate of iron. *Result.*—Made one visit.

CASE CCXXXVIII.

B. C——, æt. 32; married twice, second time five weeks since. *Children.*—Three. *Abortions.*—None. *Diagnosis.*—Congestion of uterus. *Exam's.*—None. *Symptoms.*—Wet her feet as the menses were coming on; flow prevented; great pelvic distress and a febrile movement occasioned; menses reappeared three weeks ago, and have since continued free and clotted; gastric disorder; constipation; health, previous to the past month, good in every particular. *Duration.*—Four weeks. *Cause.*—Suppressio mensium. *Treatment.*—Persulphate of iron; laxatives. *Result.*—Made two visits.

CONGESTION, PHYSIOLOGICAL AND PATHOLOGICAL, OF UTERUS.

CASE CCXXXIX.

A. J. McK——, æt. 37; married. *Children.*—Six. *Abortions.*—One at third month. *Diagnosis.*—Congestion of uterus; pregnancy at third month. *Exam. by Touch.*—Uterus, thrice the normal size. *Exam. by Speculum.*—Neck, swollen, œdematous, and of a purplish color; os, eroded, and filled with mucus. *Symptoms.*—Menses, absent three months; no change in the breasts or their areolæ; pregnancy diagnosed from her general condition, size of uterus, and the failure of the menses. *Duration.*—Unknown. *Cause.*—Unknown. *Treatment.*—None. *Result.*—Made one visit.

CCXL.

C. H——, æt. 31; married. *Children.*—Three, one twin-birth. *Abortions.*—None. *Diagnosis.*—Congestion of uterus; pregnancy at seventh month; procidentia; vaginocele. *Exam. by Touch.*—Child's head filling cavity of pelvis; os, expanded. *Inspection.*—Cervix and vagina, protruding from vulva; os, eroded; copious mucous secretion from Nabothean glands. *Symptoms.*—Has had pelvic disorders since first confinement; is able, though advanced to the seventh month of pregnancy, to be on her feet, and attend to her household duties; suffers but little annoyance from pelvic pains, except when she works too

hard or walks too far. *Duration.*—Since first labor. *Cause.*—Labor. *Treatment.*—Active exercise forbidden; recumbent posture advised; elevation of uterus into cavity of abdomen suggested to her attendant; a cure of the womb-disease to be attained by favoring the involution that follows delivery. *Result.*—Made one visit.

CASE CCXLI.

M. P——, æt. —; married. *Children.*—One. *Abortions.*—Unknown. *Diagnosis.*—Congestion of uterus; pregnancy at fourth month. *Exam. by Touch.*—Uterus, enlarged; cervix, full and rounded. *Exam. by Speculum.*—Neck, of bright-red color; os, congested, but not eroded. *Symptoms.*—Menses failed at two periods, and then appeared at the third, four weeks ago, and continued fourteen hours; a slight "show" since that time; pelvic pains peculiar to womb-disease, well marked; signs of pregnancy, present—pain in and fulness of breasts, areolæ, turgid, and of a deep-red color, morning sickness, etc., etc. *Duration.*—Unknown. *Cause.*—Unknown. *Treatment.*—A vegetable tonic directed for the morning sickness. *Result.*—Made one visit.

In this, as in the two preceding cases, the existence of pregnancy contraindicated the employment of local means for the removal of the uterine disease.

PASSIVE CONGESTION OF UTERUS.

Congestion of the uterus is often passive, instead of active, being due not to a determination of arterial blood and an increased vital activity, but to a stasis of venous blood and a depressed nerve-power.

This, an atonic form of disease, follows labor and abortion, and attends prolapsus and procidentia uteri. In the one case, there is a persistency after delivery of the vascular fulness of pregnancy, and in the other, a mechanical distention of the uterine veins. The first, congestion from imperfect involution, will now claim attention, and then the second, congestion from venous obstruction.

I.—FROM NON-INVOLUTION.

This sub-division of Class IV. is characterized, in contradistinction to the cases hitherto detailed, by stagnation in the veins rather than by activity in the arteries of the uterus.

Almost invariably the cases falling under this head date from a labor or a miscarriage, and arise from a check to the normal process, that, instituted on the discharge of the uterine contents, whatever the stage of development, melts down and removes the newly formed tissues, which, adventitious and temporary in their purpose, have now become useless and effete. This process, termed involution, is retrograde and spoliative in its nature, and when perfected, restores the womb to its normal non-pregnant state, but when interrupted or materially interfered with, leaves it nearly as large as at the time of delivery—the venous canals being surcharged, the muscular tissue spongy, the capillary circulation sluggish, and the nervous power defective.

Usually, however, involution, though retarded or even brought temporarily to a pause, will after a while proceed, but in a slow and tedious manner, and in the end restore the uterus to its original condition. In less fortunate instances, this change progresses to a certain point, and there rests, and thus a case that at the outset belonged to Class IV., may in time fall under Class III., Class II., or Class I.

Involution, whether complete or incomplete, is, when due to an effort of nature, effected by a hæmorrhage—a metrorrhagia—that fortunately seldom fails to attend this atonic form of womb-disease. If, through the absence of this spontaneous loss of blood, the uterine veins continue over-burdened, the restoration of the uterus to its normal condition will be prevented, and then, by the irritation thus superinduced, this passive congestion will insensibly assume a more active type, and by the increased nutrition thus inaugurated, the uterine tissues will become firmer and denser, until at length a chronic and active congestion is permanently established. Now the general and local symptoms, recently described as pertaining to an excited arterial and capillary congestion, will be produced in their full ntensity.

GENERAL SYMPTOMS.

The congestion being due to the sluggish, stagnant circulation of the uterine veins after delivery, any irritation thus induced would not be operative long enough to give rise to special constitutional reactions. There are usually present weakness, gastric and hepatic disorder, and nervous prostration, symptoms occasioned more by the labor or miscarriage, than by the state of the womb. These symptoms, that are rarely stationary, are often intensified by an exhaustive metrorrhagia, which, still further reducing the patient's strength, renders her lifeless and exsanguinous.

After an interval of three or four months, or at the time the disease is about to pass into a confirmed congestion, the constitutional disorders begin to show themselves. These, should the arteries and capillaries become involved in the morbid excitement, would be reënforced by the more severe and distressing symptoms, hitherto represented as characteristic of a chronic and active congestion, and a permanent enlargement of the uterine walls.

LOCAL SYMPTOMS.

For the reasons just given, the local symptoms are trivial at first, being more akin to a feeling of weakness, weight, or fulness, than to pain, pressure, or tension, such as attends a like congestion of an active kind. If involution proceed to a favorable issue, the pelvic disorders will disappear, but if the veins remain full, and the arteries and capillaries are stimulated to a preternatural activity, they will gradually assume a more grave and intense character.

Examination by Touch, Speculum, and Sound.—The several modes of examination are practised as heretofore described, and afford all the information attainable in other cases by these manipulations, whether they are employed singly or collectively.

CASE CCXLII.

Congestion and Enlargement of Uterus; Erosion; Metrorrhagia; Leucorrhœa; Recovery; Pregnancy.

Mrs. W——, æt. 30, the mother of a child two months old,

which she is nursing, came to the *Clinique* Nov. 13th, 1861. The menses, since her confinement, have been profuse, clotted, and not absent longer than a week at a time. She is anæmic, emaciated, and nervous, has an anxious countenance, expressive of great weakness and much suffering, and is troubled with painful, dragging sensations in the back and over the hips, and pressure and weight at the pelvic outlet. Her appetite is good, but her bowels are torpid.

Examination by Speculum.—The vagina contains a large amount of yellow-colored mucus, and the os tincæ is patulous, jagged as though injured in labor, and surrounded by bare papillæ, the size of a pin's head.

The treatment consisted of laxatives, tonics, and the usual local appliances. The scarification removed the uterine congestion, but had little effect on the abraded surface, notwithstanding the loss of blood was quite free. The acid nitrate of mercury and the solid nitrate of silver were then each applied once to the fungous granulations, but without a favorable result. From the 6th of December, when the caustic solution was, in lieu of all other applications, introduced into the cervical cavity, the improvement was rapid. At first, the scarification, by relieving the corporeal congestion, removed the metrorrhagia, and lessened the leucorrhœa and other pelvic disorders, and then the caustic solution, by relieving the glandular congestion, removed the leucorrhœa and restored the uterus to the normal state.

Jan. 11, 1862.—The patient was dismissed cured.

May 10, 1868.—Mrs. W—— has had two children since under treatment, and remained free from uterine symptoms to the present time.

Commentary.—This case is a good illustration of the passive congestion following labor, of the metrorrhagia arising from non-involution, and of the result attending an artificial loss of blood. This loss, by unloading the uterine veins, inaugurated the involution that should have begun directly upon the birth of the child. Of this passive congestion, the metrorrhagia was a symptom, an abortive effort, by which nature strove to right herself, and restore the uterus to its normal unimpregnated condition.

CASE CCXLIII.

Congestion and Enlargement of Uterus; Hyperæsthesia; Prolapsus Vesicæ; Erosion; Leucorrhœa; Recovery; Pregnancy.

J. S——, 18 years of age, and single, was confined in the Hospital, April, 1862. The second day after labor, which was natural, the lochia were suppressed, and then fever, pelvic distress, and tenderness over the uterus, and in the iliac regions, followed. The lochia, however, returned scantily under sudorifics, Dover's powders and camphor, but the milk came slowly and imperfectly, and eventually dried up. The child receiving an insufficient supply of its proper nourishment, was fed, and from the inanition thus induced, died at the end of five weeks.

The mother continued, as at first, to complain of the bad feelings which she experienced in the pelvis; but, as it was not deemed expedient to institute any excepting the constitutional treatment immediately after labor, an effort was made to restore her general health, which was much impaired, and thus indirectly relieve the uterine congestion and promote involution. No progress being made by tonics, nourishing food, and the like means, that seemed indicated, the local treatment was, a month after labor, adopted.

Examination by Touch.—The uterus is larger, and more sensitive than normal.

Examination by Speculum.—The cervix is enlarged, and of a purplish hue from venous congestion. The os is expanded, everted, surrounded by an abraded circle, and filled with a thick, tenacious mucus.

The tonic remedies previously given were continued, and leeches applied at proper intervals on four occasions. She was then dismissed from the Hospital, and directed to attend at the *Clinique*, where two months longer the treatment by tonics, scarification, and caustic was pursued. At the end of this time, she felt well, although the cervical disease was not entirely removed, and discontinued her attendance.

Dec. 7, 1863.—This patient being obliged to return to the *Clinique*, states that she, with others, is employed many hours a day in a hot, close room, at work on envelopes, and that she

has gradually been getting worse since the discontinuance of treatment. She is thin and anæmic, has no relish for food, and suffers from great nervous prostration. She has sacro-lumbar pains, extending over the left hip to the corresponding iliac fossa, where there is both pain and increased sensibility. On walking, there is added a feeling of dragging and forcing down the pelvis, and of pressure and weight at the perinæum.

Examination by Touch.—There is a slight prolapsus of the bladder, but none of the uterus.

Examination by Speculum.—The cervix is congested, and the os abraded. The Nabothean glands are pouring out an excessive amount of mucus. A tonic treatment was enforced, scarification practised Sept. 7th, and caustic applied Oct. 3d.

Nov. 7.—The catamenia, due the last of October, failed to appear. By the speculum, a general arterial blush is seen suffusing the outer face of the cervix. From this appearance, and also from the frequent calls to urinate, pregnancy was suspected, and all local treatment omitted.

Dec. 19.—The catamenia, that returned eight days ago, have been very free, and are still present.

Oct. 5, 1864.—This patient is now suffering from anæmia and nervous debility. Her menses are infrequent and scanty.

Examination by Touch.—As at the previous examination, the bladder is prolapsed, but not the uterus.

Examination by Speculum.—The cervix presents a normal appearance.

The tonic treatment was resumed.

Nov. 1.—From the rapid improvement in her health, increase of color, fulness of pulse, and return of appetite, and from the changes in her breasts, the greater size and heat of these glands, the more knotty feel of the milk-tubes, and the deeper tint of the areolæ than normal, pregnancy was diagnosticated and the patient dismissed.

Nov. 7, 1865.—This patient is now affected with specific vaginitis. She states that she has been free from pelvic symptoms the past year, but that she was not pregnant when dismissed. From her loose morals, however, little weight can be allowed to her assertion in regard to a fact which she had every reason to conceal.

Commentary.—In this case, the suppression of the lochia was on the point of exciting inflammation of the uterus—the congestion wavering between the active and the passive kind—as was evidenced by the scanty secretion of milk, and the general febrile disturbance, when a check was given to the excited capillaries by the antiphlogistic properties of opium. But had the grade of vascular action risen slightly higher, or become decidedly active, there would have resulted, in the one case, phlegmatia dolens, and, in the other, metritis. It thus appears that the line of demarcation between uterine congestion and inflammation is, after labor, clearly drawn, seeing that the one or the other condition is determined by the less or greater activity of the circulation, and, also, that the suppression of the lochia, when it does not excite inflammation, induces a passive congestion, that, by preventing involution, will perpetuate itself, unless this normal depletion be supplied by an artificial loss of blood.

CASES CCXLIV.–CCLXXXIII. ABBREVIATED.

CASE CCXLIV.

M. K——, æt. 34; married. *Children.*—Nine, one twin-birth. *Abortions.*—Two at fourth month. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—A red discharge most of the time, since second miscarriage; discharge, off and on, profuse and clotted; pelvic weight, pain, and tension; anæmia from loss of blood. *Duration.*—Seven weeks. *Cause.*—Abortion. *Treatment.*—Persulphate of iron. *Result.*—Made one visit.

CASE CCXLV.

H. McG——, æt. 32; married. *Children.*—Three. *Abortions.*—Three at third month. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Three miscarriages recently; since last, a continuous metrorrhagic flow excepting an interval of two or three days; pelvic distress; anæmia from hæmorrhage; constipation. *Duration.*—Ten weeks. *Cause.*—Abortion. *Treatment.*—Persulphate of iron, Aug. 8th and 13th. *Result.*—Made two visits. At the last date the flow had ceased.

CASE CCXLVI.

E. D——, æt. 37; married fifteen years. *Children.*—Six. *Abortions.*—One. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Menorrhagia; usual pelvic pains; leucorrhœa. *Duration.*—Four months. *Cause.*—Unknown. *Treatment.*—General remedies. *Result.*—Not recorded.

CASE CCXLVII.

S. R——, æt. 22; married two years. *Children.*—Two. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—A red discharge has appeared three times since second confinement; debility, extreme; hemicrania; constipation. *Duration.*—Thirteen weeks. *Cause.*—Labor. *Treatment.*—Laxative; muriated tincture of iron. *Result.*—Made one visit.

CASE CCXLVIII.

E. H——, æt. 28; married eleven years. *Children.*—Four. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of uterus. *Exam. by Speculum.*—Neck, swollen and congested; os, congested, but not eroded. *Symptoms.*—Complaining since last confinement; pelvic symptoms, slight; no uterine hæmorrhage; no vaginal discharge; debility, marked; appetite, good; bowels, regular. *Duration.*—Fourteen weeks. *Cause.*—Labor. *Treatment.*—Tonics; scarification, Nov. 19th; scarification and caustic, Nov. 26th. *Result.*—Discontinued her visits.

The congestion being passive in its character, and thoroughly relieved at the second examination, there is scarcely a doubt, but that a complete cure was effected. The determination of blood from the uterus to the breast during lactation, and the impulse given to involution by depleting the engorged veins, would render this result nearly certain.

CASE CCXLIX.

M. C——, æt. 26; married eighteen months. *Children.*—None. *Abortions.*—Three at third month. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Complaining since last miscarriage, when she flooded a week; menses at fourteen; lumbar and pelvic pains; anæmia from loss of blood. *Duration.*—One month. *Cause.*—Abortion. *Treatment.*—Persulphate of iron; bitters. *Result.*—Made two visits.

CASE CCL.

S. C——, æt. 24; married. *Children.*—Four. *Abortions.*—Unknown. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Complaining since last confinement; pain in back and through hips; tenderness above pubic bones; debility. *Duration.*—Four months. *Cause.*—Labor. *Treatment.*—Tonic. *Result.*—Made one visit.

CASE CCLI.

J. R——, æt. 36; married. *Children.*—Eight, last at seventh month. *Abortions.*—Two. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Complaining since last confinement; bloody flux, clotted, and attended with labor-like pains; pain in lumbar region, and through hips; tenderness in hypogastrium; anæmia from hæmorrhage; appetite, poor; bowels, bound. *Duration.*—One month. *Cause.*—Labor. *Treatment.*—Aug. 1864. Muriated tincture of iron; cinchonia; quinoidine; columbo. *Result.*—Discontinued her visits.

Mrs. R—— had, at her last visit, recovered from the metrorrhagia, and decidedly improved in health. In February following she returned to the *Clinique*, when it was found that this recent and passive congestion had resulted in the chronic and active. *Diagnosis.*—Congestion of inner and outer cervix. *Exam. by Speculum.*—Os, congested, but not eroded. *Symptoms.*—Menses, regular, but very free; the same pelvic disorders, as at first. *Duration.*—Seven months. *Cause.*—Labor. *Treatment.*—Feb. 10th to Aug. 22d, 1865. Tonics; scarification, Feb. 10th and 23d; general remedies, Mar. to Aug. 22d. *Result.*—Dismissed cured.

Mrs. R—— was, at the discontinuance of treatment, free from pelvic disorders, but still suffering from debility. She supposed that conception had taken place, as she had felt life on several occasions. Pregnancy was, however, from the continuance of the menses, the lack of the breast-signs, and the undeveloped state of the uterus, shown not to exist.

CASE CCLII.

A. S——, æt. 28; married. *Children.*—Four. *Abortions.*—One at second month. *Diagnosis.*—Congestion and enlargement of uterus. *Exam. by Touch.*—Uterus, enlarged, but not displaced. *Exam. by Speculum.*—Neck, swollen, and of a purplish color; os, eroded. *Symptoms.*—Ill since miscarriage; discharge, a thick, yellow mucus;

pain in the sacrum, and down back of thighs and legs; no other pelvic disorders; hepatic torpor; loss of appetite. *Duration.*—Two months. *Cause.*—Abortion. *Treatment.*—Mercurial purge; scarification, June 30th; tonic, July 8th. *Result.*—Made two visits.

CASE CCLIII.

M. A. S——, æt. 26; married. *Children.*—One. *Abortions.*—One at third month. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Ill health dates from confinement; menses appeared at end of the month, and were excessive; menses, now present the second time; debility; constipation. *Duration.*—Two months. *Cause.*—Labor. *Treatment.*—Laxative; muriated tincture of iron. *Result.*—Made one visit.

CASE CCLIV.

B. S——, æt. 35; married. *Children.*—Five. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Complaining since last confinement; flooding, off and on, since that event; anæmia from hæmorrhage; vomiting; flatulence; gastric disorder; intestinal torpor. *Duration.*—Ten weeks. *Cause.*—Labor. *Treatment.*—Laxative; muriated tincture of iron. *Result.*—Made one visit.

CASE CCLV.

E. H——, æt. 30; married. *Children.*—Six. *Abortions.*—Two at fourth month. *Diagnosis.*—Congestion and enlargement of uterus. *Exam. by Touch.*—Uterus, larger than normal. *Exam. by Speculum.*—Neck, swollen, and congested; os, not eroded. *Symptoms.*—A scanty red discharge has appeared twice, since second miscarriage; pain in back and through loins; pressure and weight down pelvis, on walking; dysuria; tenesmus, when at stool; leucorrhœa; constipation. *Duration.*—Two months. *Cause.*—Abortion. *Treatment.*—Purgative; tonic; caustic, once. *Result.*—Made two visits.

CASE CCLVI.

Mrs. G——, æt. 27; married. *Children.*—None. *Abortions.*—Two. *Diagnosis.*—Congestion and enlargement of uterus. *Exam. by Speculum.*—Neck, swollen; os, not eroded. *Symptoms.*—Complaining since second miscarriage; usual pelvic pains; copious mucous discharge; debility. *Duration.*—Two weeks. *Cause.*—Abortion.

Treatment.—Nov., 1861. General remedies. *Result.*—Dismissed cured.

Oct. 6, 1864.—Mrs. G—— has remained free from uterine symptoms to this date.

CASE CCLVII.

M. J. M——, æt. 34; married. *Children*—Four. *Abortions.*—One at sixth month. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Complaining since last confinement; lumbar pains; leucorrhœal discharge, thick, and of a yellow color; pruritus; debility; neuralgia; gastralgia; hepatic and intestinal disorder. *Duration.*—Four months. *Cause.*—Labor. *Treatment.*—Mercurial purge; tonic. *Result.*—Made one visit.

CASE CCLVIII.

M. F——, æt. 25; married. *Children.*—Two. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—A constant and copious bloody discharge, since second confinement; pelvic weight and tension; anæmia from loss of blood. *Duration.*—One month. *Cause.*—Labor. *Treatment.*—Persulphate of iron, Aug. 13th; muriated tincture of iron and quinine, Aug. 22d. *Result.*—Made two visits.

At the last date the hæmorrhage was checked, and her health somewhat improved.

CASE CCLIX.

E. S.——, æt. 30; married. *Children.*—Four. *Abortions.*—One. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Health, poor since miscarriage; a red discharge most of the time; anæmia from loss of blood. *Duration.*—Four months. *Cause.*—Abortion. *Treatment.*—Muriated tincture of iron. *Result.*—Made one visit.

CASE CCLX.

J. C——, æt. 28; married. *Children.*—Eight. *Abortions.*—One at third month. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Illness caused by miscarriage; since this mishap, a hæmorrhagic flow has appeared twice, and lasted from seven to eight days; pelvic weight and tension; anæmia from loss of blood; constipation. *Duration.*—Two months. *Cause.*—Abortion. *Treatment.*—Laxatives; muriated tincture of iron. *Result.*—Dismissed cured.

During treatment, the metrorrhagia returned on two occasions, but was less free and prolonged. Eventually the menses became normal, the pelvic disorders disappeared, and her health was restored.

Mrs. C——, after an absence of several weeks, again presented herself at the *Clinique*. She was free from uterine symptoms, and had recently become pregnant.

CASE CCLXI.

M. B——, æt. 25; married. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of uterus; vaginocele. *Exam. by Speculum.*—Neck, swollen and congested; blood oozing from os; vagina, projecting from vulva. *Symptoms.*—Complaining since confinement; delivered by forceps; perinæum torn, slightly; raw surface, ulcerated; metrorrhagia; debility. *Duration.*—Four weeks. *Cause.*—Labor. *Treatment.*—Muriated tincture of iron. *Result.* Made one visit.

CASE CCLXII.

E. C——, æt. 23; married. *Children.*—Four. *Abortions.*—Three, one at fifth month, two at third month. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Ill since last confinement; lochia, stopped the third day, but reappeared, sparingly, the fifth; secretion of milk, scanty; lumbar and pelvic pains; tenderness in hypogastrium; debility; loss of appetite. *Duration.*—Three weeks. *Cause.*—Suppressio lochium. *Treatment.*—Tonic. *Result.*—Made one visit.

CASE CCLXIII.

M. J——, æt. 40; married. *Children.*—Ten. *Abortions.*—Four, one at fourth month, two at third month. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms*—Since last miscarriage, a constant bloody flow, and an inability to retain the urine; anæmia from hæmorrhage; gastro-intestinal disorder. *Duration.*—Five weeks. *Cause.*—Abortion. *Treatment.*—Muriated tincture of iron. *Result.*—Made one visit.

CASE CCLXIV.

E. R——, æt. 27; married. *Children.*—Two. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of uterus. *Symptoms.*—Health, failing since confinement; child died from veil over face; the lochia were scanty the first two days after delivery, and ceased altogether the third; pain in back, through hips, and down pelvis; drag-

ging sensations, when walking; profuse mucous discharge; general debility. *Duration.*—Three months. *Cause.*—Suppressio lochium. *Treatment.*—Tonic. *Result.*—Made one visit.

CASE CCLXV.

C. W——, æt. 25; married. *Children.*—Two. *Abortions.*—One at third month. *Diagnosis.*—Congestion and enlargement of uterus. *Symptoms.*—Complaining since miscarriage; menses returning eight days ago profusely, still continue excessive and clotted; lumbar weakness; mucous discharge; no other pelvic disorders; bowels, sometimes bound, and sometimes loose; debility; gastric disorder. *Duration.*—Three months. *Cause.*—Abortion. *Treatment.*—Aug., 1864. General remedies. *Result.*—Made three visits.

March 29, 1865.—Mrs. W—— is seven months pregnant, and has regained her health and been free from pelvic symptoms, since her attendance at the *Clinique.*

CASE CCLXVI.

A. W——, æt. 28; married ten years. *Children.*—Two. *Abortions.*—Five. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Menorrhagia, from a recent miscarriage; usual pelvic disorders. *Duration.*—Unknown. *Cause.*—Abortion. *Treatment.*—Fluid extract of ergot. *Result.*—Discontinued her visits.

The hæmorrhage had ceased when she was last at the *Clinique.*

CASE CCLXVII.

M. J. C——, æt. 28; married. *Children.*—Eight. *Abortions.*—One at third month. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Ill since miscarriage; menses reappeared recently, were profuse, and continued eight days; lumbar weakness; tenderness at hypogastrium; pressure down pelvis; vaginal discharge; constipation. *Duration.*—Two months. *Cause.*—Abortion. *Treatment.*—Laxatives; muriated tincture of iron. *Result.*—Made three visits.

Mrs. C—— reported some weeks after treatment, that her health was good, and that conception had taken place.

CASE CCLXVIII.

M. B——, æt. 34; married. *Children.*—Six. *Abortions.*—One at second month. *Diagnosis.*—Congestion and enlargement of

uterus. *Exam's.*—None. *Symptoms.*—Complaining since miscarriage; bloody discharge still continues; pain in back and through hips; bearing-down feelings on exercise; anæmia from hæmorrhage; anorexia; bowels, not moved in ten days. *Duration.*—Two weeks. *Cause.*—Abortion. *Treatment.*—Laxative; muriated tincture of iron. *Result.*—Made one visit.

CASE CCLXIX.

B. K——, æt. 29; married eighteen months. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of uterus; prolapsus uteri et vaginæ. *Exam. by Touch.*—Uterus, larger than normal, and sunk in pelvis; vagina, relaxed and thrown into folds at introitus. *Exam. by Speculum.*—Neck, swollen and congested; os, expanded, but not eroded. *Symptoms.*—Complaining since confinement, which was natural, but followed by flooding; bloody discharge, off and on, the past two months; lumbar pains; bearing-down feelings; anæmia from loss of blood; gastric disorder. *Duration.*—Three months. *Cause.*—Labor. *Treatment.*—Muriated tincture of iron; scarification. *Result.*—Made one visit.

CASE CCLXX.

C. L——, æt. 46; married. *Children.*—Thirteen. *Abortions.*—Two at third month. *Diagnosis.*—Congestion and enlargement of uterus. *Exam. by Touch.*—Uterus, larger than normal; no displacement. *Exam. by Speculum.*—Neck, puffy; os, not eroded. *Symptoms.*—Menses failed two months ago; lumbar weakness; pelvic disorders, not urgent; debility; nervousness; gastric and hepatic disorder.

She has been treated the past three months by Dr. —— for *ulceration*, but without benefit.

Duration.—Two months. *Cause.*—Change of life. *Treatment.*—General remedies. *Result.*—Made two visits.

In this case, the congestion being due to an interruption of the menses at the climacteric period, and of recent origin, it was not thought requisite to institute the local treatment. As a rule, any depletion that may be required is afforded by menorrhagic discharges, which appear at longer or shorter intervals.

CASE CCLXXI.

M. J. H——, æt. 30; married. *Children.*—Five. *Abortions.*—Three, one at sixth month, one at fourth month. *Diagnosis.*—Conges-

tion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Miscarried at fourth month, nine months ago; placenta, retained eight days; no serious inconvenience; health, poor since last miscarriage; pain in back and over hips; no vaginal discharge; pelvic disorders, not urgent; debility; constipation. *Duration.*—Two months. *Cause.*—Abortion. *Treatment.*—Iron; bitters; laxative. *Result.*—Made one visit.

CASE CCLXXII.

J. W——, æt. 34; married fifteen years. *Children.*—Ten. *Abortions.*—Four at third month. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Illness dates from last confinement; menses returned at end of second month, and have since been regular, but too free; lumbar pains, extending over hips; vaginal discharge, slight; blood, watery; appetite, poor. *Duration.*—Four months. *Cause.*—Labor. *Treatment.*—Tonics. *Result.*—Made two visits.

CASE CCLXXIII.

E. P——, æt. 19; married. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Complaining since confinement; menses returned two months ago, and were natural in quality and quantity; lumbar pains, extending over left hip; pain and tenderness in left iliac fossa; pressure and weight in pelvis on walking; mucous discharge; debility; semi-jaundice; gastric disorder. *Duration.*—Three months. *Cause.*—Labor. *Treatment.*—Tonic. *Result.*—Made one visit.

CASE CCLXXIV.

A. E——, æt. 28; married. *Children.*—Two. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of uterus; retroversion. *Exam. by Touch.*—Uterus, larger than normal; fundus, near promontory. *Exam. by Speculum.*—Neck, puffy and congested; os, not eroded. *Symptoms.*—Went out the eleventh day after second confinement; had a chill; lochia continued four weeks; no lumbar pains; pain at brim of pelvis, from a deep inspiration; debility; anorexia. *Duration.*—Five weeks. *Cause.*—Labor *Treatment.*—Tonic. *Result.*—Made one visit.

CASE CCLXXV.

F. T——, æt. 23; married. *Children.*—Three. *Abortions.*—One. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*

—None. *Symptoms.*—A constant loss of blood since miscarriage; pelvic disorders, not given; anæmia from hæmorrhage; anorexia. *Duration.*—One month. *Cause.*—Abortion. *Treatment.*—Persulphate of iron. *Result.*—Made two visits.

At the second visit, the metrorrhagia had nearly ceased.

Mrs. T—— stated, three years subsequent to treatment, that she was cured when under my charge, and that she had continued free from pelvic symptoms.

CASE CCLXXVI.

M. A——, æt. 34; married. *Children.*—Eleven. *Abortions.*—One at third month. *Diagnosis.*—Congestion and enlargement of uterus; prolapsus uteri, vesicæ et vaginæ. *Exam. by Touch.*—Uterus, larger than normal, but at proper angle; cervix, near perinæum; bladder, dragged downward; vagina, dilated and thrown into folds at introitus. *Exam. by Speculum.*—Neck, puffy and congested; os, not eroded. *Symptoms.*—Constant red discharge since miscarriage; lumbar pains, extending over hips; dragging, forcing feelings when erect, but not when recumbent; pain and tenderness at brim of pelvis; on straining at stool, or lifting a weight, a tumor protrudes from the vagina; debility; anorexia; corpulency. *Duration.*—Three months. *Cause.*—Abortion. *Treatment.*—May 20th to June 23d. Persulphate of iron; vegetable tonics. *Result.*—Dismissed cured.

The metrorrhagia being subdued, the pelvic disorders disappeared.

CASE CCLXXVII.

M. F——, æt. 38; married. *Children.*—Six. *Abortions.*—Five at second or third month. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Ill since delivered by instruments, seven years ago; been flowing, almost constantly, since last confinement; weakness in back and hips; no very decided pelvic symptoms; anæmia from hæmorrhage; gastralgia. *Duration.*—Two and a half months. *Cause.*—Labor. *Treatment.*—Persulphate of iron. *Result.*—Made one visit.

In this case, a passive being superinduced upon an active congestion, the original disease was doubtless intensified, and a perfect involution prevented.

CASE CCLXXVIII.

M. F——, æt. 30; married ten years. *Children.*—Five. *Abortions.*—One at third month. *Diagnosis.*—Congestion and enlargement of uterus; prolapsus uteri, vesicæ et vaginæ. *Exam. by Touch.*

—Uterus, larger than normal; cervix, near introitus; *bas fond*, sunk in vagina; vagina, relaxed and thrown into folds. *Exam. by Speculum.*—Neck, congested; os, not eroded. *Symptoms.*—Complaining since last confinement; a hæmorrhagic flow continued a month, and then returning two weeks ago, is now present; pain in back, hips, and pelvis; excessive tenderness at brim of pelvis; forcing, dragging feelings, on exertion; pruritus; anæmia; constipation. *Duration.*—Two months. *Cause.*—Labor. *Treatment.*—Oct. 11th to Dec. 15th, 1864. Tonics; cathartics; scarification, Oct. 11th and Nov. 8th; caustic, Nov. 15th and 22d; scarification, Dec. 15th. *Result.*—Dismissed cured.

March, 1865.—Mrs. F—— remains well in every respect.

CASE CCLXXIX.

J. H——, æt. 29; married. *Children.*—Five. *Abortions.*—One. *Diagnosis.*—Congestion and enlargement of uterus. *Exam's.*—None. *Symptoms.*—Uterine disorders date from miscarriage; weakness in back; forcing, dragging sensations, on exercise; vaginal discharge, yellow and copious; debility; constipation. *Duration.*—Four months. *Cause.*—Abortion. *Treatment.*—Laxative; muriated tincture of iron. *Result.*—Made one visit.

CASE CCLXXX.

C. H——, æt. 30; married. *Children.*—One. *Abortions.*—One. *Diagnosis.*—Congestion and enlargement of uterus; retroversion; prolapsus uteri; vaginocele. *Exam. by Touch.*—Uterus, larger than normal; fundus, below promontory; cervix, near introitus; posterior wall of vagina, external. *Exam. by Speculum.*—Neck, congested; os, not eroded. *Symptoms.*—Ill since miscarriage; a tumor at times projects from vulva; bladder, irritable; urine gushes away, on coughing; a profuse mucous discharge; no pain in back or hips, no dragging sensation in pelvis, and no obstruction in rectum; anæmia; dizziness; gastric and intestinal disorder. *Duration.*—One month. *Cause.*—Abortion. *Treatment.*—General remedies. *Result.*—Made two visits.

CASE CCLXXXI.

Mrs. L——, æt. 30; married. *Children.*—Four. *Abortions.*—Unknown. *Diagnosis.*—Congestion and enlargement of uterus. *Exam. by Speculum.*—Neck, swollen and congested; os, expanded and eroded. *Symptoms.*—Complaining since last confinement; symptoms

not given. *Duration.*—Six weeks. *Cause.*—Labor. *Treatment.*—General remedies; scarification, once; caustic, once. *Result.*—Made two visits.

CASE CCLXXXII.

M. McG——, æt. 30; married. *Children.*—One. *Abortions.*—One at third month. *Diagnosis.*—Congestion and enlargement of uterus; anteversion; prolapsus uteri et vesicæ; vaginitis. *Exam. by Touch.*—Uterus, larger than normal, and sunk in pelvis; fundus, thrown forward; cervix, carried backward; *bas fond*, pressed into vagina. *Exam. by Speculum.*—Neck, congested; os, not eroded; mucous membrane, inflamed. *Symptoms.*—Health, poor since miscarriage; lumbar pains; pelvic weight and pressure, on walking; calls to pass urine, frequent; pruritus; debility; semi-jaundice; gastric disorder; constipation. *Duration.*—One month. *Cause.*—Abortion. *Treatment.*—Feb. 27th to May 25th. Laxatives; tonics; injections of borax. *Result.*—Dismissed cured.

Aug. 27.—Mrs. McG—— is free from pelvic symptoms, and presents signs of pregnancy.

CASE CCLXXXIII.

Mrs. T——, æt. 28; married. *Children.*—Four. *Abortions.*—One. *Diagnosis.*—Congestion and enlargement of uterus; prolapsus vesicæ; vaginitis. *Exam. by Touch.*—Uterus, larger than normal; bladder, sunk in pelvis. *Exam. by Speculum.*—Neck, congested; os, not eroded; mucous membrane, inflamed. *Symptoms.*—Illness dates from last confinement; symptoms not given. *Duration.*—Seven weeks. *Cause.*—Labor. *Treatment.*—1860. General remedies; vaginal injections; pessary. *Result.*—Dismissed cured.

The globe-pessary, which was adjusted on the removal of the uterine congestion, remained readily in position, removed the feelings of weight and pressure in the pelvis, and gave a perfect support to the bladder.

Feb. 11, 1864.—Mrs. T—— has continued free from womb-troubles to this date. Since under treatment, she has had a miscarriage and a child at term.

II.—FROM MECHANICAL OBSTRUCTION.

This order of cases is characterized by a mechanical obstruction to the return of the venous blood from the uterus, whence its vessels of necessity become greatly distended. This ob-

struction, operative in a measure when a slight descent of the uterus exists, is decided in well-marked examples of prolapsus, but is only in full force when a complete procidentia has taken place. At this, the extreme stage of a downward displacement, the veins from their constriction by the sphincter vaginæ, and their ascent against gravity by a long and tortuous route, are engorged, and the uterus from the amount of stagnant blood in its vessels, is enlarged to a size three or four times greater than normal.

That this enlargement is due to venous congestion, and not to muscular development, is proven by placing the patient in bed and reducing the procident organ. After some hours, on the obstruction being removed, it diminishes in bulk and density, and after some days, on the circulation being reëstablished, regains its normal condition.

The bladder and vagina participate, more or less, in all downward displacements of the womb, and for the reasons just advanced, present a deep-purple appearance, when dragged below the introitus vulvæ.

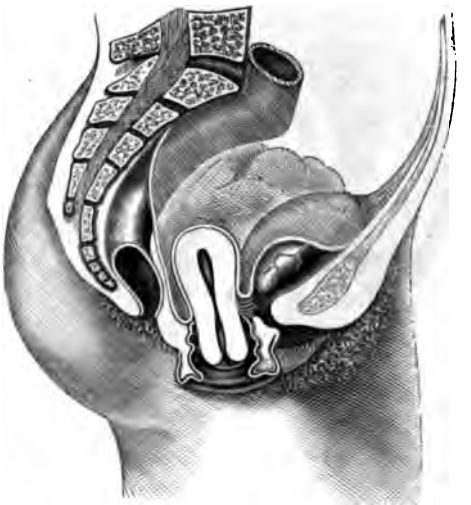
GENERAL AND LOCAL SYMPTOMS.

The general and local symptoms occasioned by a prolapse so extreme, and seemingly so serious, are often, strange to say, trivial or even insignificant. Indeed, a patient, the subject of a procidentia, not infrequently experiences such slight inconvenience, that she does not think it worth her while to undergo any method of treatment, however safe and painless, inasmuch as her chief and perhaps only annoyance is caused by the tumor between the thighs, interfering with walking, and being tender from chafing and the contact of urine. Even should the uterus, bladder, and vagina be completely external, and in addition to the passive repletion of the veins thus induced, the os uteri be eroded, the symptoms excited would not, as a rule, be as intense as those attending a simple prolapsus, when complicated with a chronic and active congestion. This, a singular fact, is accounted for by the relaxation and elongation of the vesical and utero-vesical ligaments, the dilatation of the ostium

vaginæ, the atonic nature of the congestion, and the absence of hyperæsthesia of the uterine nerves.

The general and local symptoms, however, whether more or less severe, resemble those indicative of prolapsus. There are, at all times, similar lumbar and pelvic pains, and, when the patient is on her feet, similar sensations of weight, pressure, and distention in the excavation and at the perinæum. Besides, on active exercise being taken, or a heavy burden lifted, a tumor of greater or less size protrudes from the genital fissure, but, on the prone position being assumed, recedes of itself, or by slight pressure within the pelvic cavity.

Fig. 35.



Section of pelvis, one quarter of life-size.—Procidentia, partial; vaginocele.

Examination by Sight, by Touch, by Sound, by Catheter.—If the bladder and vagina be both, or either alone partially or wholly external, and the cervix near or within the introitus, the sight will make known the color and appearance of the parts presented; the finger, their physical properties, and the extent of space between the uterus and vagina; the sound, the size of the uterus and the depth of its cavity, and the catheter, the amount and direction of the vesical displacement. Hence, should the cervix, bladder, or vagina, or these three organs as one mass, appear at or project beyond the vulva, the position and relation of each would be readily discovered by these several modes of examination.

The falling womb will necessarily, as it makes its way down the pelvic cavity, depress the bladder and vagina, and as it passes through the vulva, drag them externally. The womb

Fig. 36.



Section of pelvis, one quarter of life-size. —Procidentia; cystocele; vaginocele.

is now found equably enlarged to a considerable extent, covered at its upper anterior surface by the bladder, and encircled on all sides by the vaginal walls. The finger comes to a circular *cul de sac* at the introitus, the thumb and fingers, separated by the everted vagina alone, meet above the fundus uteri, and the catheter, following the urethra, takes a course downward towards the knees, instead of upward towards the promontory of the sacrum.

CASE CCLXXXIV.

Congestion and Enlargement of Uterus; Procidentia; Cystocele; Vaginocele; Erosion; Menorrhagia; Leucorrhœa; Recovery; Pessary; Phthisis; Death.

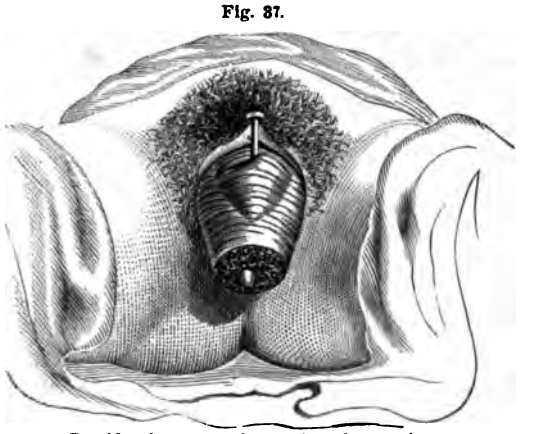
A. W——, æt. 38 years, and married, the mother of seven children, but never the subject of a miscarriage, came to the *Clinique*, March 14th, 1863. Her labors were normal, and her gettings-up without accident. She is anæmic and emaciated, and has evidently little constitutional power, and yet, besides weakness and nervousness, her health is but slightly disturbed, even her stomach, liver, and bowels being in a good condition.

After her last confinement, two years ago, she was on leaving her bed the third day, attacked with the pelvic disorders that have since troubled her more and more. These, trivial at first, became gradually worse, and are now very distressing. There are present constant lumbar and pelvic pains, that are greatly aggravated by being much on her feet. Even gentle exercise

occasions a sense of weight and pressure through the back and down the pelvis, the subsidence of the pelvic contents, and the protrusion of a large tumor from the vulva. When, however, she is in the recumbent posture, and this tumor is returned within the pelvis as is readily done, all local discomfort is removed. The menses are excessive and prolonged, and great difficulty is experienced in passing the urine, unless she first lies down and pushes up the projecting mass, that obstructs the urethra.

Ocular Inspection.—The patient being placed in the semi-recumbent posture, and directed to hold her breath and press down as if at stool, the uterus, that has been more or less external for a long period of time, is so completely forced without the body, that the thumb and fingers come nearly together above the fundus. The uterus is three or four times larger than normal; the cervical canal pours out a free secretion; and the os uteri, but slightly opened, has the appearance it presents when developed in a like degree during pregnancy, and is surrounded by a bright-red border, from which the epithelium is detached. The bladder is extruded and the vagina everted to such an extent that the catheter enters the urethra in a downward direction, and the finger comes to a *cul de sac*, formed by the fundus uteri and the sides of the vulva.

Fig. 37.



Procidentia; cystocele; vaginocele; erosion.

The patient being admitted into the Hospital, was, during the earlier stage of the treatment, rigidly confined in bed. The indications sought to be fulfilled by this procedure were the re-

newal of the activity of the venous circulation and the restoration of the tonicity of the pelvic and perineal muscles, by the reduction and retention of the uterus for a period of time within the pelvic cavity. Through the advantage thus attained, it was thought that the womb-disease would be expeditiously removed by local appliances, and that a floor would be meanwhile secured for a pessary to rest upon, by the perinæum regaining its original length, contractility, and firmness.

The uterus being reduced and elevated as near as possible to its normal position, a leech was on three occasions applied to the cervix, and then the scarificator and the caustic solution were employed. In four weeks' time, the uterus returned to its natural size, and the cervix presented a healthy appearance, but the muciparous glands still elaborated an excessive secretion. Applications of caustic and injections of alum were now resorted to, and then, at the end of two weeks, a globe-pessary was introduced. The patient was now permitted to stand on her feet a few minutes at a time, and then allowed to move around the ward, in order to determine whether or not this artificial support would stay in position, and answer the purpose in view.

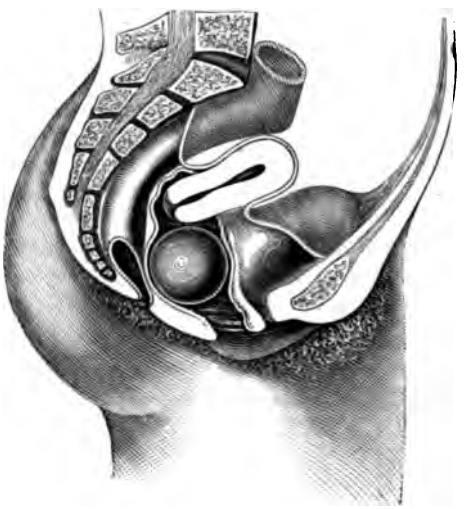
Report after leaving the Hospital.—Mrs. W—— has now worn the pessary six days, and yesterday walked home, the distance of a mile, without inconvenience. It readily supports the uterus, bladder, and vagina, and completely relieves all the pelvic symptoms. Thinking the T bandage, that I had ordered, unnecessary, she dispensed with it before returning to the Hospital to-day, and still the pessary maintains its position equally well. She was directed to take an injection of alum morning and evening, keep the bowels in a soluble condition, avoid, when at stool, sitting on a low seat or making voluntary effort, and visit the *Clinique* every fourth day.

At the end of three months—the womb-disease being entirely removed, the pessary readily retained in position, and the uterus, bladder, and vagina effectually supported in the pelvis —the patient was dismissed cured.

There was a serious impediment to the proper management of this case. Directly on the patient entering the Hospital,

the operation for cataract was performed. The irritation thus induced caused nervousness, sleeplessness, loss of appetite, and extreme prostration, whence her health, poor at all times, was seriously impaired.

Fig. 38.



Section of pelvis, one quarter of life-size, showing the uterus, bladder, and vagina as retained in position by the pessary.

This patient, who was subsequently under my observation at various times, wore the pessary with complete relief until her death from phthisis, September, 1864. In the spring previous to her death, a slight abrasion of the cervix and vagina took place, and necessitated a return to the Hospital, and confinement a few days in bed. The removal of the pessary and the use of vaginal injections speedily subduing the irritation, the instrument, on its being resumed, gave no further trouble, but remained *in sitû* to the hour of her death.

Commentary.—The theory that suggested the treatment employed in this case, was, under the most adverse circumstances, brought to a severe ordeal. The profound nervous erethism and prostration occasioned by the operation for cataract, were extremely unfavorable to the renewal of power in the perinæal muscles, and rendered the cure of the uterine congestion problematical; yet, notwithstanding these impediments and the necessarily long confinement in bed, the success of this plan was most complete.

During the last eight months of this patient's life, the cough was very severe, and at times violently spasmodic, and for several weeks before her death, she, like all persons in the last

stage of pulmonary consumption, was reduced to an extreme degree of emaciation; but still the pessary served its purpose admirably—equally well as at first.

CASES CCLXXXV. AND CCLXXXVI. ABBREVIATED.

CASE CCLXXXV.

P. McE——, æt. 35; married. *Children.*—One. *Abortions.*—One at third month. *Diagnosis.*—Congestion and enlargement of uterus; procidentia; cystocele; vaginocele. *Inspection.*—Uterus, bladder, and vagina, almost completely external. *Symptoms.*—Complaining since miscarriage; left her bed on the fourth day; a tumor projected from vulva the day previous to the miscarriage; symptoms, not given. *Duration.*—Nine months. *Cause.*—Abortion. *Treatment.*—None. *Result.*—Made one visit.

This patient refused to enter the Hospital for treatment.

CASE CCLXXXVI.

E. M——, æt. 46; married. *Children.*—Nine. *Abortions.*—One at third month. *Diagnosis.*—Congestion and enlargement of uterus; procidentia; cystocele; vaginocele. *Inspection.*—Uterus, bladder, and vagina, external; uterus, greatly swollen; os, eroded. *Symptoms.*—A slight, bloody "show," nearly constant; no pain in back, through hips, or down pelvis, except on exercise, when there is also a sense of dragging and forcing; no irritation of the vagina, or other marked pelvic disorder; to pass urine the womb must be reduced; constitutional symptoms, trivial. *Duration.*—One year. *Cause.*—Labor. *Treatment.*—Admitted into hospital; womb, bladder, and vagina reduced; confinement in bed, enforced; scarification and caustic, employed; pessary, introduced, on removal of congestion; injections of alum, ordered. At the end of three weeks the patient was allowed to sit up and walk about the ward; but, for a time, was still kept under observation. *Result.*—Dismissed cured. The support given to the pelvic organs was as perfect as could be desired.

Mrs. M—— reported, six months after treatment, that the pessary answered its purpose effectually, and gave her no inconvenience, and that she was free from uterine, vesical, and vaginal disorders.

CHAPTER VIII.

CLASS V.—MULTIPARÆ.

Congestion of the Cervical Canal, Congested Circle around the Os Uteri, with or without the Loss of Epithelium, Congestion and Enlargement of the Neck, Congestion of the Erectile Coat of the Vagina, Mucous Inflammation of the Vagina, and Slight Congestion of the Corpus Uteri and Ovaries.

Peculiarities of Class V.—Vaginismus—Vascular Tumor—Vaginitis—Causation—Symptoms, General, Local—Examination by Touch, by Speculum—Cases CCLXXXVII.-CCXCI. Complete—Cases CCXCII.-CCCV. Abbreviated—Congestion, Physiological and Pathological, of Uterus and Vagina—Case CCCVI. Abbreviated—Cases, simulating Uterine Disease of the Fifth Class, CCCVII. -CCCX. Complete.

THE cases falling under this head, Class V., present not only the general and local symptoms, and the morbid states, cognizable by the finger and the eye, as hitherto described in Classes I., II., and III.; but have, in addition, certain special characteristics, that originate from an active congestion of the erectile coat of the vagina, and an acute inflammation of its lining membrane. Very many cases ranked in Class II. or III., and especially in Class IV., offered decided evidences, by the deeper color of the mucous membrane, and the more rapid shedding of the epithelial scales than normal, of an excess of blood in the vaginal capillaries; and in still more marked examples, the proof of a considerable congestion of the vaginal coats, and of the existence of a moderate mucous inflammation, was shown by the rapid destruction of epithelial cells in a formative stage, and the partial transformation of these cells into mucopurulent globules. A simple fulness and sluggishness of the web of vessels surrounding the vagina, a condition that may arise from congestion of the cervix, or of the cervix and the body of the uterus, or from mechanical causes, as prolapsus, flexion, or partial version, attend various degrees of womb-dis-

ease, and give rise to no special symptoms, demanding particular regard.

This hyperæmia, wholly passive in its character, does not excite vaginitis, and the severe train of symptoms that wait upon it; but only manifests its existence by a purplish, bronzed look of the mucous membrane, and a rapid falling and renewal of epithelium.

PECULIARITIES OF CLASS V.

In the Class now under consideration, however, the grade of vascular action in the vaginal coats has passed from a mere stasis of the venous to an increased and hurried circulation of the arterial blood. The veins are not only overloaded, but the arteries are excited, the capillaries dilated, and the vascular loops sent to the mucous membrane filled; in short, the vast net-work of vessels composing the erectile coat, and the branches springing from it, are actively congested. The congestion having reached this stage, the entire mucous membrane of the vagina is inflamed by the vascular loops participating in the morbid excitement, and rendered excessively sensitive by the constant destruction of the epithelial cells in a nascent state laying bare the papillæ, and exposing their apices to irritation. This active congestion of the capillaries creates a neuralgic irritability of the vaginal nerves, and thus a *nidus* for still greater engorgement is afforded; so also, for a like reason and in imitation of what occurs in utero-gestation, the fibre-cells lying dormant in the muscular layer, take on development, and thus the power of spasmodic contraction is acquired.

In brief, the entire morbid process is similar to what is observed in hyperæmic conditions of the other internal genital organs, and varies only in so much as the vagina, in its adaptation to specific offices, differs from these in structure and function. Indeed, here, as in other phases of uterine congestion, the morbid is but the physiological permanently established, and here, likewise, the congestion is limited to the child-bearing age, is kept alive and renewed by each return of the catamenia, and is curable by the same plan that is so singularly efficacious in the other forms of benign disease.

VAGINISMUS.

When hyperæmia of the erectile or vascular layer advances a step further, a point beyond its more common limits, and implicates the mass of vessels located around the ostium vaginæ, the hyperæsthesia, that always augments proportionately with the progress of the congestion, attains its utmost intensity. If the vascular activity be confined to the upper half of the canal, the pain on touch will be but moderate, and even if it be more general, a highly exalted neuralgic condition will not be induced; but if the erectile layer be distended to a degree sufficient to involve the bulbi vestibuli and pars intermedia in the same vicious excitement, as is only done in exceptional cases, the most agonizing super-sensitiveness will be awakened—a neuralgic state forbidding the gentlest touch.

This extreme degree of hyperæsthesia, than which a more distressing disorder is unknown to medicine, has been named vaginismus.

VASCULAR TUMOR.

In the severer grades of vaginal congestion, particularly when the pars intermedia, as well as the bulbi vestibuli, is implicated, the papillæ, seated on the nipple-like eminence of the meatus urinarius, are prone to become congested and enlarged, and then, one or more of them, to be developed into a vascular tumor, that, by its extreme sensitiveness, will greatly augment the local pain and spasm.

This growth will, when once formed, by exciting a more highly neuralgic state of the nerves, add to and perpetuate any preëxisting congestion; and will of itself, when induced by any other cause than the one above mentioned, originate a nervous irritability and a vascular fulness of the vagina, resembling the like condition in womb-disease.

VAGINITIS.

Inflammation of the mucous membrane, though necessarily excited to a greater or a less degree by a permanent hyperæmia of the underlying capillaries, is no more a measure of the vaginal neuralgia that may be developed, than leucorrhœa, erosion,

or cervical enlargement is of the uterine. Indeed, in each instance, the painful state of the nerves is due to an active congestion of the erectile layers; and often, in the one case, the congestion is most intense with only a trivial inflammation of the vagina, and, in the other, with an insignificant disease of the cervix.

It is a singular fact that this mucous inflammation does not pass below the lower border of the erectile vessels, and implicate the vulva, which, being supplied with a distinct set of vessels and nerves, is unaffected, except by the acrid, irritant qualities of the discharge.

CAUSATION.

The causes of the phenomena distinctive of Class V. are apparent, when the anatomical structure and the physiological function of the parts involved are recalled. The nervous supply of the erectile coats of both the uterus and the vagina, being from the same plexus, the hypogastric, the latter, like the former, becomes charged with blood, and extra-sensitive during menstruation, sexual congress, and uterine development; and, for the same reason, any cause that shall induce congestion of the one will likewise exert a similar power upon the other.

There is also a community of structure between the erectile and muscular coats of the uterus and those of the vagina, and thus in both organs, simultaneously, by the stimulus of an increased nerve and blood supply, fibre-cells are developed into muscular fibres, that give the vagina its unnatural contractile power. It should also be held in mind, that the vaginal vessels are physiologically congested during menstruation, and that this congestion awakens a temporary tenderness and irritability, imparts a deeper red color to the mucous membrane, renders the normal secretion more acid, and causes a rapid epithelial exfoliation. In some females, the vaginal secretion at such times acquires acrid properties, and is the occasion of excoriations on the glans penis, or even of a discharge from the male urethra, simulating the gonorrhœal.

In abnormal congestion, the normal has leaped beyond its proper bounds, transgressed the laws instituted for its governance, and passed from an intermittent phenomenon, healthful

and natural, to a permanent condition, unhealthful and unnatural, in which the epithelial cells, aborting, are rapidly transformed into pus, the papillæ, laid bare, are rendered over-sensitive, and the mucous membrane, occupied by excited capillaries, is bathed by its own irritating secretions.

GENERAL SYMPTOMS.

The constitutional reactions arising from cervical disease are present not only in force, but are greatly intensified by the neuralgic state of the vagina; and although those due to an increased nutrition and an actual enlargement of the womb—Class IV.—are wanting, yet others are added indicative of a still graver perturbation, and perversion of the nerve-function, than have hitherto been noted. As, however, these reactions present, though in a somewhat modified form, the features specially characteristic of the remaining two Classes—VI. and VII.—their description is deferred to a future chapter, in which these disorders, the climax of uterine disturbance, the culmination of female ills, will occupy our attention.

LOCAL SYMPTOMS.

The local symptoms are of the most tormenting character, and transcend by far any thing as yet observed. The pains, common to the preceding Classes, not only continue, but are intensified by weight, pressure, fulness, tension, and throbbing in the pelvis, by tingling, burning, scalding, and itching feelings in the vagina, and by an irresistible desire to rub and scratch the vulva, which is often found lacerated by the nails. These various sensations, that are grouped together under the term pruritus, cause by their intensity and persistency the most intolerable misery, and nearly drive the patient frantic. Indeed, at times, the local suffering and general irritability rise to such a height that the nervous system is not only robbed of power, and that mysterious influence by which each organ is held in its proper sphere, but the brain itself is shorn of will and purpose, and subjected to the reign, as it were, of vagrant sprites and the powers of the air.

There is a constant discharge of varied color, yellowish, green-

ish, brownish, or purulent-looking, and of varied consistency, thin, lumpy, pultaceous, or semi-fluid like cream. The vaginal secretion is of itself, however, always serous, and never becomes thick or glutinous, except by the admixture of degenerated epithelial cells, or of cervical mucus, which, ever albuminous, pellucid, and adhesive when secreted, is thus dissolved, and rendered fluid. This solvent power is attained by an increase in the quantity and acidity of the vaginal secretion, that, in some cases, by acquiring acrid qualities, irritates and even excoriates the pudendum and inside of the thighs.

As the vaginal nerves and blood-vessels have a common origin with those of the rectum and bladder, these organs are liable to be irritated, and their capillaries over-stimulated to such a degree that, in the one case, hæmorrhoids, tenesmus, dysenteric feelings, and even mucous, or mucous and bloody passages, and, in the other, frequent, scanty, and painful micturition, and clouded, muddy, and phosphatic urine, are not unusual complications, and yet an actual rectal or cystic inflammation as a result of uterine disease, however much the vaginal coats are involved, is an extremely rare occurrence.

EXAMINATION BY TOUCH.

The temperature and sensibility of the vagina are exalted in all cases, and so markedly in th more severe, that the touch, though practised with the greatest caution and gentleness, excites intense suffering, and causes a spastic contraction of the sphincter vaginæ, and of the adventitious muscular fibres developed in the vaginal tunics. At times, any manipulation, however delicate, induces a pain which is so intolerable, and a spasm which is so rigid, that an examination withou. the aid of an anæsthetic is impossible.

EXAMINATION BY SPECULUM.

In most cases, by the exercise on the operator's part of tact and patience, a small speculum may be introduced, though with considerable difficulty; but in the more severe, a resort to æther or chloroform can not be avoided.

On the removal of the secretions, that have the nature and

appearance pointed out above, the mucous membrane is found to present a diffused red color, varying from a light to a deep shade, and to be dotted over with rows of points of a darker hue than the surrounding surface. These points, placed at regular intervals, and possessed of greater sensibility than the intervening spaces, are the apices of the vascular papillæ; denuded of epithelium.

In the milder forms of congestion, the summits of the papillæ are not seen, but only a uniform red tint of the mucous membrane. In all such examples, the proper vaginal secretion is less abundant, the pain on touch less cutting, and any other pelvic disorder present less marked. Now a physical exploration, though painful, is endurable, and is made with tolerable facility, since under these conditions the extreme neuralgic state, comprehended under the title vaginismus, is never met with, and but rarely any resistance from the spastic contraction of the sphincter vaginæ.

CASE CCLXXXVII.

Congestion of Cervix; Erosion; Vaginitis; Menorrhagia; Leucorrhœa; Recovery; Relapse.

Mrs. S——, æt. 41, a widow nine years, the subject of a miscarriage, and afterward the mother of a child at term, presented herself at the *Clinique* June, 1861. She has not been well since her eighteenth year, at which time she began to suffer from a leucorrhœa, that has since her marriage been profuse and persistent, and to be weakened by a menorrhagia, that has been constantly free, and frequently prolonged to the sixth or eighth day.

Her present symptoms, that at their inception were moderate, but in the course of time became more and more severe, date from the miscarriage, twenty years ago. She is nervous, despondent, thin, and anæmic, and has a thickly-coated tongue and a semi-jaundiced color of the skin. Her stomach and liver are disordered, her bowels constipated, and her evacuations lumpy, foul, and dark-colored.

There are present a dragging, painful feeling in the back, through the hips, and down the pelvis, a copious leucorrhœal

discharge, and an excessive monthly flow, that has reduced her strength and added materially to the severity of her other symptoms.

This patient has taken a deal of medicine to correct the gastric and hepatic secretions, increase the appetite, improve the strength, and enrich the blood. So, also, she has used a variety of vaginal injections, and been several weeks subjected to local treatment by Dr. ——, but without benefit.

Examination by Speculum.—The cervix has a deepened color; the os is surrounded by bare papillæ, and the vagina is intensely inflamed, thickly dotted over with vermilion points, and entirely covered with mucus and pus.

From the clinical history just given it appeared that the cervical disease was primary, and had, by its sympathetic irradiations, perverted the functions of the stomach and liver, and, consequently, impaired digestion and assimilation. Although both the general and the local treatment were indicated in this, as in the majority of cases, yet it was thought the better plan first to reduce the cervical congestion and irritability by scarification, and then to correct the secretions and promote the nutrition by general remedies. The former object being attained, blue mass, purgatives, and vegetable and ferruginous tonics were administered. Subsequently, caustic was applied to the inner cervix, and its action assisted by an occasional scarification of the labia uteri, whenever the languid, over-burdened capillaries seemed to demand depletion.

The uterine disease improved slowly, though markedly, but still the patient continued weak and lifeless, and failed to regain her appetite.

As a complete and permanent cure of womb-disease will not be attained, unless the activity of all the vital organs be restored, and as medicine, in her case, seemed incompetent to the task, she was sent into the country. Whilst there, though she was absent three weeks only, her health greatly improved. This improvement continuing on her return, the uterine congestion was, by the application of caustic to the inner cervix, entirely removed the latter part of September.

In the mean while, her relish for food and power of digestion

had returned, the sallow complexion and pelvic distress disappeared, and her strength and flesh mended. The menses, however, continued excessive and prolonged, and a vaginal discharge was present most of the time.

Feb. 1862.—Mrs. S——, visiting the *Clinique* at this date, states that she has, the past week or two, experienced symptoms of her old complaint, the pelvic pains and the leucorrhœa being renewed.

Examination by Speculum.—The cervical congestion and the mucous inflammation are the same in extent and degree as at the first visit.

The relapse was, probably, occasioned by the excessive afflux of blood, each month, to the internal genitalia. This periodic repletion rendered the menses too free, and the leucorrhœa habitual.

The patient did not again submit to treatment.

CASE CCLXXXVIII.

Congestion and Enlargement of Cervix; Vaginitis; Vaginismus; Pruritus; Leucorrhœa; Recovery.

Mrs. E——, æt. 26, a widow, apparently enjoying good health, and certainly not wanting in flesh or blood, consulted me at the *Clinique*. She first miscarried, and then had a child at the full time. Her present symptoms, that date from the miscarriage, six years since, became worse during the subsequent utero-gestation, and were rendered still more severe by the imperfect involution following delivery. She has had five physicians—one a year, the others four or five months each—whose prescriptions, consisting of constitutional remedies and vaginal injections, she has faithfully followed, but without gaining therefrom the slightest advantage. This poor woman, now obliged to live at service, has spent her hard-earned wages on the doctors, whose delicacy did not permit them to think of an examination, save one who stated that it might eventually be *proper*. Her pelvic symptoms present the same general features that were observed in the cases hitherto detailed, but are of more than usual severity, and attended with itching, burning, and scalding sensations in the vagina.

Examination by Speculum.—The cervix is congested and enlarged; the os is surrounded by a deep-red circle, but not abraded; the sphincter and walls of the vagina contract spasmodically, and the vaginal mucous membrane is intensely inflamed and thickly covered by a muco-purulent secretion.

At the first three visits, the treatment consisted of scarification alone. This removed the pelvic symptoms, pain, tension, pruritus, etc., and subdued the congestion of the uterus and vaginal coats. At the two subsequent visits, caustic was introduced into the inner cervix, and a vaginal injection of borax ordered. This patient was free from all local disorders in four weeks' time, and is known to have continued well several months thereafter.

Commentary.—The prompt result attained in this case, though by no means common in a disease of such severity, is, at times, secured. It is worthy of note that the local treatment was unaided by general remedies, that the cure was wrought by topical depletion, and that the loss of blood from the cervix, not only removed the congestion of the uterus, but also that of the erectile coat and vascular papillæ of the vagina. As the hyperæmia of the underlying blood-vessels, which supply the vaginal mucous membrane, was lessened, and their circulation reduced in volume and activity, the papillæ became, as a necessary result, less congested, and the vaginitis less pronounced. The vaginal injections that were employed would have been of slight utility at the outset of the treatment, before the force of the mucous inflammation had been broken, and they were, at a later stage, chiefly efficacious through the power they have to restore tone to the weakened capillaries, and remove the effects of previous disease.

As in this case, so in all others of a similar character, it is found that a loss of blood from the cervix depletes the vascular net-work of the vagina, equally with the uterine veins, and that a vaginitis, arising as a sequel of uterine congestion, is subdued by restoring the uterus to its normal condition.

If, on the contrary, a vaginitis be primary, or due to inflammation of the rectum or bladder, the loss of blood from the cervix will be of little or no avail.

CASE CCLXXXIX.

Congestion of Cervix; Retroversion; Prolapsus Uteri; Vaginitis; Pruritus; Amenorrhœa; Leucorrhœa; Phthisis; Pessary; Recovery; Pregnancy.

M. E. B——, æt. 29, and married, came to the *Clinique* September, 1865. She has had one child, four years ago, but never miscarried, and been in poor health the past seven years. She is emaciated, debilitated, nervous, and subject to attacks of hysteria, and has a defective appetite, and a slight hacking cough, together with other chest symptoms.

There exist pain in the back and hips, weight and pressure in the pelvis on walking, occasional intermissions of the catamenia, a scanty leucorrhœal discharge, and itching, burning sensations in the vagina.

Examination of Chest.—A small cavity is found at the summit of the right lung, and a circumscribed tubercular deposit in the left.

Examination by Touch.—The uterus is prolapsed and retroverted, the fundus resting beneath the sacral promontory, and the cervix near the pubic bones.

Examination by Speculum.—The upper portion of the vagina has an increased vascularity, but no disease of the cervix, other than a slight excess of secretion by the Nabothean glands, is detected.

As the pelvic symptoms seemed altogether due to the displacement, that was thought sufficient to occasion the heightened color of the superior half of the vagina, and the slight excess of secretion by the cervical glands, tonics—pyrophosphate of iron, colombo, etc.—were prescribed for the debility, and injections of borax for the vaginal irritation. These remedies, excepting the substitution of alum for the borax the latter part of the time, were continued until the 7th of November, when a globe-pessary was adjusted.

Nov. 30.—She has missed her courses at two periods. The pessary remains in position, and affords considerable relief, though not as perfect as could be desired. The treatment was continued.

Apr. 17, 1866.—The patient having returned to the *Clinique*, states that she was not pregnant in November, and that she had worn the pessary constantly until a few weeks since, when it was removed on account of the original irritation being greatly intensified. The local disorders are now more severe than ever before, the leucorrhœa being much more abundant, and the heat and pruritus scarcely tolerable.

Examination by Speculum.—The os is slightly expanded, the inner cervix discharges a ropy mucus, and the vagina has a bright-red color.

It now seemed probable that there had, from the first, existed a moderate congestion of the cervix and vaginal coats, and that this condition had been increased by the suppression of the menses and the presence of the pessary. Consequently the means to support the uterus was discontinued, and the treatment for womb-disease instituted.

The general remedies and borax injections were continued. Scarification was employed Apr. 17th; caustic, Apr. 24th; scarification, May 1st and 15th, and caustic, May 22d and June 13th. The symptoms of a hyperæmic condition being removed, and the parts presenting a natural appearance, the pessary was readjusted.

Nov. 10.—She has continued to wear the pessary to the present time. Until of late, it had not only given no inconvenience by its presence, but had, on the contrary, relieved her of all pelvic discomfort. As, on examination, the cervical secretion is again found excessive, and the upper portion of the vagina irritated, the pessary was removed, caustic applied, and a vaginal injection ordered.

Dec. 1.—The pessary was readjusted.

Jan. 26, 1867.—Mrs. B——'s health is very much improved. The pessary answers its purpose admirably, and causes no feeling of weight or pressure. From the failure of the menses at the last period, pregnancy was suspected, and the pessary removed.

May 24.—She is advanced to the fifth month of utero-gestation, and feels perfectly well in every respect. The pulmonary

disease remains in abeyance, and now gives rise to but trivial and unimportant symptoms.

Commentary.—In this case, it was thought at the commencement of the treatment that the slight fulness of the cervical and vaginal vessels observable was secondary to, and caused by, the displacement, and that this fulness would disappear on the reposition of the uterus at a proper angle, and its retention at a proper level. At a later date, however, it appeared, from the pelvic distress and other signs of congestion being increased by the plan adopted, that the injection of the vaginal capillaries and the leucorrhœal discharge did not arise from the abnormal position of the uterus, but were distinct and primary in their nature, and hence required special treatment before the presence of an instrument would be tolerated. The congestion of the cervix and the redness of the mucous membrane were more noticeable immediately after the close of a period, than subsequently during the menstrual interregnum, and they were particularly so when, as happened on one occasion during her attendance, the monthly hæmorrhage failed to appear. At other times, the evidences of vascular repletion were of such a trivial character that I was led to the introduction of a pessary without preceding its application by the local treatment. From the vaginitis returning at each monthly epoch, but abating and nearly disappearing during the inter-menstrual interval, it is shown that the mucous inflammation was dependent on the congestion of the vascular coat and the papillæ of the vagina, and that this network of vessels, overburdened at all times, was during the catamenial flow surcharged by an excessive influx of blood; in other words, that the pathological congestion was kept alive, renewed, and intensified by each accession of the physiological.

This case, also, is illustrative of a species of retroversion, by no means uncommon, that frequently, in a greater or a less degree, attends complete prolapsus uteri. Whenever the uterus lies in the axis of the excavation, with the fundus below the promontory and the cervix near the introitus, there is nothing, should the round ligaments be relaxed and elongated, to prevent the uterus from falling backward and downward. Now the fundus rests upon the first or second bone of the sacrum and

the cervix impinges against the inner face of the ossa pubis. This, a partial form of retroversion, will, from the fact that there is no additional constriction of or impediment to the venous circulation, neither give rise to symptoms more severe than those occasioned by the prolapsus, nor modify the indications to be fulfilled. Indeed, a retroversion at this early stage is almost as readily rectified by the globe-pessary, as a prolapsus, when the proper time arrives for its employment.

The depositing and softening of the tubercles were checked by the removal of the depressing effects of the uterine disease, that perverted nutrition and impaired the physical stamina. A fortunate result was further favored by the occurrence of pregnancy, which during its progress arrests almost invariably tubercular disease of the lungs.

If, however, these organs be much affected, the local treatment will, from the gravity of the pulmonary trouble, prove quite useless, as it is only when the deposit is limited, and the diathesis not well marked, that success ever crowns the physician's efforts.

If, on the contrary, the air-passages be only slightly implicated, the attempt by constitutional means to check the advance of tuberculosis, will, unless the womb-disease be first relieved, invariably end in disappointment.

CASE CCXC.

Congestion of Cervix; Erosion; Vaginitis; Vascular Tumor; Aneurism by Anastomosis; Leucorrhœa; Recovery.

Mrs. C——, aged 30 years, presented herself at the *Clinique* Nov. 4th, 1861. She has had six living children, and miscarried three times. Her last two pregnancies completed the full term, and her youngest child is four months old. Her present symptoms, however, date back as far as six years. Subsequent to the birth of her fifth child, she was under the care of the late Dr. I——, of this city, who on two occasions applied the solid nitrate of silver to *ulcers* on the neck of the womb. Since then she has been confined with her sixth child.

The patient is pale, thin, nervous, and debilitated, has no appetite, energy, or vital force, complains of pain in the lumbar

region, through the loins and in the pelvic excavation, and suffers from the most acute sensibility at the introitus vulvæ. A profuse, fluid, and yellow-colored discharge is present, and the courses were, during the intervals between the fourth and fifth and the fifth and sixth pregnancies, too free and frequent.

Examination by Speculum.—The cervix presents a purplish appearance; the os is surrounded by an abrasion, on which the papillæ are unusually prominent; the vagina is inflamed, sprinkled over with brick-red points, and filled with a muco-purulent matter; and the lower border of the meatus urinarius is the site of a vascular tumor, that has grown to the size of a pea, and the cutaneous surface of the right labium majorum of a small aneurism by anastomosis.

The os and inner cervix were scarified at the first five visits, and then touched with the caustic solution during the rest of her attendance. A ligature was applied to the aneurism, and also to the vascular tumor. The base whence grew the tumor was cauterized on several occasions with the solid nitrate of silver.

The general remedies consisted of bitters, quinine, iron, and a liberal diet. The child was not taken from the breast, as it was confidently expected that the local treatment would, notwithstanding the exhaustive effect of lactation, be equal to the emergency.

As in other cases, the pelvic symptoms were, from the first, relieved in a prompt and decided manner by the topical loss of blood. The scarificator unloaded the congested capillaries, and the caustic restrained the leucorrhœal discharge, and healed the erosion.

Dec. 28.—Mrs. C—— was dismissed cured.

The vascular tumor may, as it is prone to do, return at a future day, seeing that the point where it was attached still continues extra-sensitive, and has a bright-red appearance.

This patient occasionally visited the *Clinique* during the next three years. Her recovery was complete and permanent, neither the womb-disease nor the vascular tumor returning as late as the winter of 1864.

CASE CCXCI.

Congestion of Cervix; Hypertrophy, slight; Hyperæsthesia; Retroversion, Prolapsus Uteri; Vaginitis; Pruritus; Cystitis; Leucorrhœa; Pessary; Recovery.

M. L.——, æt. 36, and married, came to the *Clinique* June 6th, 1865. She has had nine children, and one miscarriage at the fourth month. Two months previous to the last labor, that happened seven weeks since, she was attacked with painful and frequent micturition, and a vaginal discharge. To these symptoms, that have persisted to the present time, are now added pain and tenderness above the pubes, increased irritability of the bladder, burning, itching, and scalding sensations in the vagina, and weight and pressure at the perinæum on walking.

Examination by Speculum.—The inner and the outer cervix are congested, and the vaginal mucous membrane has a heightened color and an augmented desquamation.

Examination of Bladder.—A vesical calculus is not detected by the catheter, passed into the bladder, or by the finger, pressed against the anterior vaginal wall.

This patient made two visits, June 6th and 23d, and was ordered saline laxatives and the fluid extract of buchu.

May 25, 1866.—Mrs. L—— returning to-day, after an absence of eleven months, states that the same symptoms as at the outset have continued, but that they are now much more severe, especially the irritation of the bladder.

Examination by Touch.—The uterus is acutely sensitive, and slightly hypertrophied, and lies in the hollow of the sacrum, with the fundus thrown down below the sacro-vertebral prominence, and the cervix drawn up against the neck of the bladder.

Examination by Speculum.—The cervix is congested and the vagina moderately inflamed, but the os is not abraded.

Gave tonics and saline cathartics during the whole course of the treatment; scarified May 25th and June 1st; scarified and applied caustic June 15th and 26th, and applied caustic and introduced a pessary July 6th.

July 13.—The pessary being intolerable, was removed. It seemed, previous to its use, that the congestion of the cervix

and vagina was subdued, and that the support of the uterus at a proper level in the pelvis, was alone needed to relieve the bladder of all irritation. The vesical symptoms being now, however, as troublesome as ever before, guaiacum, copaiba, liquor potassæ, and other medicines, that act on the urinary organs, were administered, the next three months, to the exclusion of the local treatment of the cervical and the vaginal congestion.

Oct. 19 *and* 26.—The above medication was continued, and caustic applied.

Nov. 2.—Continued the general treatment, reintroduced the pessary, and ordered alum injections.

Dec. 14.—The instrument is now worn without inconvenience, and affords great relief. There is still, however, a desire to pass urine more frequently than natural, and a constant feeling of uneasiness in the region of the bladder. Whether or not the pelvic organs became eventually accustomed to the presence of the pessary, and the irritability of the bladder was entirely removed by the support given to the uterus, is unknown, since the patient failed subsequently to return.

Commentary.—At first, and in fact throughout the treatment, it was impossible to determine with any degree of certainty whether the vesical disorder was due to the uterine, or the uterine to the vesical. On the whole, however, it seemed more probable that the cystitis was induced during the latter months of pregnancy by the pressure of the gravid uterus, and that a passive congestion of the cervix and vagina was perpetuated, and the process of involution prevented after delivery, by the continuous flow of blood solicited to the pelvis by this inflammation. When, after the lapse of several months, and in spite of the persistent and increasing vesical irritability, many of the signs of chronic inflammation of the bladder were lacking, but those of an atonic condition of the uterine vessels were present, the same as had been observed at the outset, the original diagnosis was reviewed, and the uterine congestion and displacement were assumed to be the primary morbid elements, or, at least, the elements provocative of the vesical disorder. Hence, seeing that a retroversion and a prolapsus existed together, it was now concluded

that the pressure of the cervix against the neck of the bladder first incited, and then perpetuated the urinary disorders. This diagnosis was confirmed by the fortunate result attending the plan of treatment that was directed to the removal of the pelvic congestion, and the support of the uterus.

In all cases it is, as a rule, the wiser course, whenever the symptoms of disease of the uterus and bladder are united, to act on the assumption that the uterine congestion is primary, and demands immediate attention, since depletion from the cervix will almost equally relieve all the pelvic organs, and then, at a later stage of the treatment, if medicines that act specially on the urinary organs through the circulation be required, they will possess a greater efficacy and secure a better result.

CASES CCXCII.–CCCV. ABBREVIATED.

CASE CCXCII.

S. P——, æt. 22; married three years. *Children.*—Two. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of cervix; vascular tumor; vaginitis; vaginismus. *Exam. by Touch.*—No displacement; vagina, sensitive; sphincter vaginæ contracts spasmodically. *Exam. by Speculum.*—Os, not eroded; mucous membrane, inflamed. *Symptoms.*—Illness dates from first confinement; second child, three months old; menses appeared in her sixteenth year, and were always irregular and painful; subject to hysteria; vaginal discharge; pelvic pains; pruritus; anæmia; constipation. After first labor, she was treated by Dr. ——, locally, but without benefit. *Duration.*—Fifteen months. *Cause.*—Labor. *Treatment.*—Dec. 21st to Apr. 24th. Tonics; laxatives; injections of borax; scarification, Dec. 21st; caustic, (solid,) Jan. 4th; scarification, Jan. 11th, Feb. 15th, Mar. 1st and 9th; leech, Mar. 13th; scarification, Apr. 4th, 11th, and 24th.

The uterine and vaginal congestion being subdued at the last date, it was thought that the mucous inflammation still remaining was due to the vascular tumor. This, on being touched three times during the following month with solid caustic, disappeared, and with it all irritation of the vagina.

Result.—Dismissed cured.

CASE CCXCIII.

A. W——, æt. 41; married. *Children.*—One sixteen years old. *Abortions.*—None. *Diagnosis.*—Congestion of cervix; stricture of

inner cervix; prolapsus uteri. *Exam. by Touch.*—Uterus, lower than normal, but in axis of superior strait. *Exam. by Speculum.*—Neck, congested and covered with bright-red points; os, nearly closed. *Symptoms.*—Health, bad the past year; menses, scanty, irregular, and infrequent; lumbar pains; vaginal discharge at times, and with it burning, itching, and scalding feelings; anæmia; anorexia; constipation. *Duration.*—One year. *Cause.*—Stricture. *Treatment*—Mar. 20th to July 27th. General remedies; dilatation of os and inner cervix; scarification, Mar. 20th, 30th, Apr. 6th, 21st, May 5th, 11th, 18th, June 8th, 15th, 22d, 29th, and July 13th; caustic, July 20th and 27th. *Result.*—Dismissed cured.

CASE CCXCIV.

S. K——, æt. 42; married. *Children.*—One. *Abortions.*—Unknown. *Diagnosis.*—Congestion of cervix; vaginitis. *Exam. by Touch.*—Uterus, not enlarged or displaced. *Exam. by Speculum.*—Neck, congested, and dotted over with deep-red points; os, not eroded; vagina, inflamed. *Symptoms.*—Health has gradually deteriorated since birth of child; symptoms, not given. *Duration.*—Three and a half years. *Cause.*—Labor. *Treatment.*—Cathartic; scarification. *Result.*—Made one visit.

CASE CCXCV.

M. T——, æt. 38; married. *Children.*—Six, last four years old. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of cervix; vaginitis. *Exam. by Speculum.*—Neck, of a deeper color and larger size than normal; os, not eroded; vagina, inflamed. *Symptoms.*—Menses, normal; lumbar pains, extending through hips and down back part of thighs and legs; tenderness over pubes; bearing-down sensations, when exercising; pruritus; strength, deficient; appetite, poor; bowels, torpid. *Duration.*—One year. *Cause.*—Unknown. *Treatment.*—Five weeks. Cathartics; tonics; injections of borax; scarification, once. *Result.*—Discontinued her visits.

This patient, as she failed to return directly the speculum was employed, could not have gained any permanent advantage from her attendance.

CASE CCXCVI.

R. J——, æt. 26; married. *Children.*—One twelve months ago. *Abortions.*—One. *Diagnosis.*—Congestion of cervix; vaginitis.

Exam. by Speculum.—Os, eroded; mucous inflammation. *Symptoms.*—Complaining since miscarriage, but especially since birth of child; pain in back and hips; dysmenorrhœa; vaginal discharge, thin, copious, and of a yellowish color; intense itching and burning sensations in vagina. *Duration.*—Five years. *Cause.*—Abortion. *Treatment.*—June 13th to Aug. 16th, 1861. General remedies; injections of borax; scarification, June 13th and July 8th; caustic, July 12th. *Result.*—Dismissed cured.

April, 1864.—This patient's health had, until the past two or three weeks, been perfect in every respect. She is now suffering from pelvic disorders, similar to those that formerly troubled her. It is found, on examination, that the uterine disease has not returned, and that her present symptoms are due to gonorrhœa.

CASE CCXCVII.

C. R——, æt. 36; married. *Children.*—Four. *Abortions.*—Two, one at second month, one at third month. *Diagnosis.*—Congestion of cervix; vaginitis. *Exam. by Speculum.*—Os, eroded; vagina, inflamed. *Symptoms.*—Pelvic disorders date from last confinement; two miscarriages since birth of child; menses, usually regular, but always attended with much suffering; lumbar pains extending over hips and down thighs in front; intolerable pressure, weight, and dragging in pelvis, on walking; debility; gastric and intestinal disorder. She has had a great number of physicians, and been subjected to various plans of treatment, but without gaining the slightest advantage. *Duration.*—Nine years. *Cause.*—Labor. *Treatment.*—May 15th to June 26th, 1861. Laxatives; tonics; injections of borax; leech, May 15th, June 9th, 13th, and 26th. *Result.*—Discontinued her visits.

At the last date, her condition was much improved.

August, 1866.—Mrs. R——, recovered from the treatment received five years ago, and has since been perfectly well in every respect.

CASE CCXCVIII.

H. F——, æt. 33; married. *Children.*—Three, last seven years ago. *Abortions.*—Five at third month. *Diagnosis.*—Congestion and enlargement of cervix; hyperæsthesia; vaginitis. *Exam. by Speculum.*—Neck, swollen, œdematous, and sensitive; vagina, inflamed and sprinkled over with deep-red points. *Symptoms.*—Complaining since last miscarriage; weakness in back; pain over hips; no tender

ness at brim of pelvis; vaginal discharge; burning, scalding, and itching sensations in vagina; health, broken; appetite, gone. *Duration.*—Fourteen months. *Cause.*—Abortion. *Treatment.*—Oct. 5th, 1864, to Mar. 28th, 1865. Tonics; scarification, Oct. 5th and 26th; caustic, Mar. 28th. *Result.*—Discontinued her visits.

May 2.—Mrs. F—— has nearly regained her health, and is entirely relieved of all pelvic symptoms. This patient was treated at the *Clinique* for womb-disease in the year 1862, and dismissed cured. She became pregnant and was well ten months, when abortion took place the fifth time, and reproduced the pelvic disorders as above detailed.

CASE CCXCIX.

A. C——, æt. 32; married. *Children.*—Three. *Abortions.*—One. *Diagnosis.*—Congestion and enlargement of cervix; vaginitis. *Exam. by Speculum.*—Neck, swollen and congested; vagina, inflamed and sprinkled over with deep-red points. *Symptoms.*—Illness dates from miscarriage; last child, born nine years ago; sacro-lumbar pains; pruritus; debility; nervousness; anorexia. *Duration.*—Eight years. *Cause.*—Abortion. *Treatment.*—Five months. Tonics; scarification; caustic. *Result.*—Dismissed cured.

Mrs. C—— returning to the *Clinique* eighteen months after the conclusion of treatment, it was found, on inquiry, that the pelvic symptoms were again troublesome, and on examination, that the uterine congestion was relighted. At this visit scarification was practised. Subsequently her attendance was interrupted.

CASE CCC.

E. M——, æt. 28; *Children.*—Four. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of cervix; vascular tumor; vaginitis; vulvitis. *Exam. by Speculum.*—Neck, swollen and much congested; os, eroded; vagina, inflamed. *Symptoms.*—Health, poor since last confinement; lumbar pains; vaginal discharge; pruritus; dysuria; debility; anorexia; emaciation; constipation. *Duration.*—Six months. *Cause.*—Labor. *Treatment.*—Mar. 14th to July 11th, 1866. General remedies; scarification, Mar. 14th; leech, Mar. 21st; scarification, Mar. 28th and June 8th; caustic (solid) to vascular tumor, June 8th and 29th; scarification, June 29th and July 11th. *Result.*—Discontinued her visits.

At the last date, the cervical disease, the vascular tumor, the vaginitis and the vulvitis had disappeared, and a slight excess of secretion by the Nabothean glands alone remained. A perfect cure was probably secured.

CASE CCCI.

M. M——, æt. 33; married. *Children.*—Four. *Abortions.*—Three at third month. *Diagnosis.*—Congestion and enlargement of cervix; hypertrophy. *Exam. by Touch.*—Uterus, larger than normal; cervix, increased in size; anterior labium, elongated. *Exam. by Speculum.*—Neck, congested; os, not eroded. *Symptoms.*—After last miscarriage, a bloody discharge continued three months; a constant "show" the past eight weeks; lumbar pains, extending anteriorly over hips to brim of pelvis, and posteriorly down thighs and legs to feet; tenderness in hypogastrium, and right iliac fossa; vaginal discharge, copious; smarting, scalding sensations in vagina; blood, thin; pulse, frequent; corpulency. *Duration.*—Seven months. *Cause.*—Abortion. *Treatment.*—Persulphate of iron; scarification. *Result.*—Made one visit.

CASE CCCII.

M. K——, æt. 35; married. *Children.*—One at eighth month. *Abortions.*—One before child. *Diagnosis.*—Congestion of cervix; prolapsus uteri et vesicæ; vaginitis. *Exam. by Touch.*—Uterus, at normal angle; cervix, resting on floor of pelvis. *Exam. by Speculum.*—Neck, of bright-red color; vagina, inflamed; no secretion of mucus. *Symptoms.*—Pelvic disorders date from confinement; menses, return in from eight to ten weeks, continue about nine days, and are scanty, painful, and attended with nausea and vomiting; pain in back, over hips, and down thighs in front to knees; weight and pressure in pelvis, on walking; burning, itching, and scalding in vagina; strength, defective; blood, thin; appetite, poor; bowels, often a fortnight unmoved. *Duration.*—One year. *Cause.*—Labor. *Treatment.*—Four weeks. Laxatives; tonics; scarification, Dec. 13th and Jan. 12th. *Result.*—Discontinued her visits.

This case was progressing favorably, when the treatment was interrupted. Whether or not any good was accomplished is unknown.

CASE CCCIII.

S. L——, æt. 33; married. *Children.*—Two, second three years old. *Abortions.*—Three, one at third month, two at second month. *Diagnosis.*—Congestion and enlargement of cervix; vaginitis. *Exam. by Speculum.*—Neck, swollen, and dotted with red points; anterior labium, much elongated; vagina, inflamed. *Symptoms.*—Complaining since second miscarriage; menses, regular, but copious, and attended

with much suffering; lumbar pains, extending over hips; pain and tenderness in right iliac fossa; dragging and forcing feelings down the pelvic outlet, on exercise; vaginal discharge; pruritus; blood, poor; nerves, disordered; appetite, lost; bowels, bound. *Duration.*—Four years. *Cause.*—Abortion. *Treatment.*—June 20th to Aug. 8th. General remedies; scarification, June 20th and 27th; two leeches, July 11th and Aug. 8th.

July 22.—At this date the cervix has regained its normal appearance, and the vaginal mucous membrane lost its unnatural color, but still the Nabothean glands secrete too freely, and the anterior labium is too prominent. Following menstruation, which fell on the 1st of August, leeching was again practised. *Result.*—Discontinued her visits.

This patient, doubtless, completely regained her health.

CASE CCCIV.

A. D——, æt. 33; married. *Children.*—Three. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of cervix; vaginitis. *Exam. by Speculum.*—Neck, increased in size, and of a heightened color; vagina, inflamed; os, not eroded. *Symptoms.*—First two labors, terminated by instruments; third labor, natural, but the occasion of her present illness; a sense of weakness and weariness in back and over hips; no irritation at brim of pelvis; no inconvenience from walking; vaginal discharge, copious, watery, and of various colors; pruritus; health, not seriously implicated. *Duration.*—Nineteen months. *Cause.*—Labor. *Treatment.*—Jan. 21st to Mar. 11th. No general remedies; injections of borax; scarification, Jan. 21st and Feb. 11th; caustic, Feb. 29th.

March 15.—The scarification in February was followed, for more than a week, by a constant but moderate flow of blood from the cuts. This loss drained the capillaries, and gave them the opportunity to recover their tonicity. At the third visit the uterine and vaginal congestion and the mucous inflammation were found almost entirely removed. *Result.*—Dismissed cured.

CASE CCCV.

E. M——, æt. 30; married. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of cervix; hyperæsthesia; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus, sensitive, and low in pelvis, but at proper angle; cervix, swollen; bladder, sunk in vagina. *Exam. by Speculum.*—Neck, of deepened color;

os, not eroded; vagina, inflamed. *Symptoms.*—Health, bad since confinement, but worse the past year; lumbar pains; pressure and weight down pelvis, on exercise; bladder, irritable; pain and tenderness in right ovarian region; vaginal discharge; pruritus; nausea and vomiting; bowels, unmoved the last fourteen days. *Duration.*—Four years. *Cause.*—Labor. *Treatment.*—Dec. 24th, to June 20th. Cathartics; tonics; injections of borax; scarification, Dec. 24th, Jan. 7th, 17th, Feb. 11th, Mar. 2d, and May 24th; leech, June 6th, and 20th. *Result.*—Discontinued her visits.

The disease, excepting the excessive secretion by the cervical glands, was apparently subdued January 28th; and yet, on the recurrence of the next monthly period, it returned in full force. The scarification being continued, success seemed again near at hand, when, as before, the uterine and the vaginal congestion were renewed. The loss of blood being thought insufficient to effectually relieve the capillaries, leeching was then practised on two occasions. Whether or not any permanent benefit was derived from this procedure is unknown.

CONGESTION, PHYSIOLOGICAL AND PATHOLOGICAL, OF UTERUS AND VAGINA.

CASE CCCVI.

M. O. B——, æt. 28; married. *Children.*—Five. *Abortions.*—One at sixth month. *Diagnosis.*—Pregnancy; congestion of uterus; anteflexion; vaginitis. *Exam. by Touch.*—Uterus, increased in size, and bent forward at union of body and neck; cervix, in normal position. *Exam. by Speculum.*—Neck, enlarged, congested, and covered with dilated capillaries; vagina, inflamed. *Symptoms.*—Menses, absent three months; signs of pregnancy, well marked; contracted gonorrhœa six months ago; at first, discharge, bloody, but now mucous; pains in back, hips, and pelvis; burning, scalding sensations in vagina. *Duration.*—Six months. *Cause.*—Gonorrhœa. *Treatment.*—Injections of borax. *Result.*—Made one visit.

As this patient was pregnant, it was deemed inexpedient to institute any treatment, other than that by injections. These, properly administered, are capable of affording great relief under such circumstances.

CASES SIMULATING UTERINE DISEASE OF THE FIFTH CLASS.

CASE CCCVII.

Scorbutus.

Mrs. S——, æt. 43, the mother of nine children, the youngest of whom is seven years of age, came to the *Clinique* October, 1861. She is corpulent, full-blooded, and given to intemperate habits, and has twice the past twelve months, without apparent cause, expectorated a considerable quantity of blood.

The catamenia, that ceased four years since, were present four times only the two years previous. She has pain in the lumbar region, and through the loins, weight and pressure in the pelvis, burning, scalding, and itching sensations in the vagina, and a copious watery discharge, that is of an acrid nature, and irritating to the external parts.

She was, according to her statement, under my care a year since for a disease similar to the one that now troubles her, and, on recovery taking place, remained well in every respect until three months ago, when her present symptoms commenced.

Examination by Speculum.—The cervical and vaginal mucous membranes have a dark-purple look, and are covered with dilated and atonic capillaries, which are engorged with venous blood, and bleed on touch. A copious albuminous secretion flows from the os, and mingling with, is dissolved in, the mucopurulent and watery secretion of the vagina.

The introduction of the speculum being opposed by a spasmodic closure of the sphincter vaginæ, gave the patient extreme pain.

Scarification was practised and vaginal injections were used the first three or four weeks, as in other cases of pelvic congestion, with the effect, not to benefit, but rather to aggravate her symptoms, and render the local disease more severe.

By a closer scrutiny than had hitherto been given to the state of the various functions, it appeared that she was not only of a gross habit by nature, but had become more so by excessive indulgence in alcoholic potations, and that the circulation was sluggish, the stomach languid, the tongue coated, the liver tor-

pid, and the bowels inactive; and, what was still more distinctive, that the gums, tongue, and indeed the mucous membrane of the mouth generally, had a dark, purplish look, and that the margins of the gums had fallen from the teeth and were spongy and disposed to bleed, a condition closely resembling the atonic state of the vaginal capillaries.

It was now concluded that this woman's symptoms arose from constitutional instead o ' local causes, and that hers was a case of mal-assimilation, in which the blood had become depraved and the nutrition perverted—a morbid state akin to, if not identical with, that found in scurvy. This view rendered the attacks of hæmoptysis, the swollen condition of the gums, and the passive congestion of the vaginal mucous membrane explicable, as also the inefficacy of local depletion.

As it was evident that intemperance had much to do in producing this deterioration of the blood, alcoholic drinks were interdicted, and, as the patient was very plethoric, animal food was prohibited, and a vegetable diet prescribed. The vegetable juices, from which much was expected in the treatment, were, by the use of lemonade, brought into the circulation in still greater abundance. The torpor of the liver was treated by purgative doses of blue mass, and that of the bowels by laxatives of the saline class, until the stools had the natural color and the proper frequency. The nitrate of silver—gr. xv. to ℥i of water—was applied about every seventh day to the vaginal mucous membrane, by pouring the solution directly into the mouth of the speculum, and then bringing it, by means of a swab, in contact with every part.

In proportion as the liver and stomach, and consequently the digestion and assimilation, were restored to a more natural condition, the gums becoming less congested, presented a more healthy appearance, and simultaneously with these changes, the cervical and vaginal mucous membranes, becoming less engorged, assumed a more natural capillary circulation. In five months' time, Mrs. S—— completely regained her health, and to my knowledge continued well for more than a year thereafter.

Commentary.—This case offers an example of uterine con-

gestion, which was at its height some four years after the final cessation of the catamenia—a seeming exception to the rule hitherto announced, that this class of diseases is limited to the menstrual age. As, however, this congestion was readily subdued by general remedies, after the failure of the local treatment, it is shown conclusively that the fulness of the cervical and vaginal capillaries was not due to benign disease, but to the same constitutional causes that occasioned the spongy state of the gums and the bronzed appearance of the mucous membranes generally. Poverty, vice, intemperance, bad air, and poor food poison the very fountains of life, and furnish a depraved blood for the nourishment of all the tissues. In pauper hospitals, cases like the above are by no means infrequent.

CASE CCCVIII.

Specific Vaginitis.

C. R——, æt. 48, a widow, the mother of four children, and the subject of an abortion at the third month, came to the *Clinique* July 9th, 1864. Her strength is defective, her blood thin, her appetite poor, and her digestion labored.

A vaginal discharge and pelvic irritation have existed since the cessation of the menses, five years ago. She has pain in the lumbar region like that of lumbago, but not the pains or other sensations peculiar to uterine congestion, excepting those indicative more especially of inflammation of the vaginal mucous membrane. These, even, were not as severe as are often met with in the milder forms of vaginitis, there being neither the smarting, scalding pain from passing the urine, nor the itching, burning feelings in the vagina, so generally experienced under such circumstances.

Examination by Touch.—The uterus is uniformly reduced in size, a normal condition after the close of the menstrual life, the cervix is not enlarged, nor the os expanded, as is the case in multiparæ suffering from pelvic congestion, and the lower segment of the vagina is intensely, and the upper mildly inflamed, the redness being less pronounced as it passes up the canal, over the neck, and into the cervix, from which there issues a free albuminous secretion.

General remedies were ordered in connection with vaginal injections of borax.

July 18.—Her health has improved, the leucorrhœal discharge has ceased, and on examination, the vagina is found to have regained its natural color.

Commentary.—This patient had undoubtedly, at some indefinite time previous, contracted a gonorrhœa, the specific inflammation of which, travelling up the vagina and over the outer and within the inner cervix, had eventually settled into a state similar to that attending gleet in the male subject. This inflammation being limited to the mucous membrane of the vagina, any increase in the circulation of its papillæ was due to superficial irritation, and not to congestion of the deeper structures. In womb-disease, on the contrary, the reverse is true; the congestion begins in the erectile layer of the vagina, and thence spreads to the mucous membrane. Hence the vaginitis, as it had a superficial origin, yielded promptly to topical applications.

CASE CCCIX.

Corroding Ulcer.

C. H——, æt. 39, and married, who has had four children, but no miscarriages, came to the *Clinique* Jan. 14th, 1865. She is suffering from debility, loss of appetite, and other general symptoms of a like character.

The menses recur every three weeks, and are variable in quantity, but unattended with pain; micturition is frequent, and sometimes distressing, and a leucorrhœal discharge has been constant the past three months, and was occasional the preceding eight months, but the other local disorders are slight and unimportant. Even the lumbar, iliac, and pelvic pains, such invariable attendants on uterine congestion, however moderate in severity or limited in extent, are altogether wanting.

Examination by Speculum.—The neck is enlarged, and bleeds from the pressure of the speculum; the anterior lip is prominent and denuded of epithelium; the os gives issue to a clear, albuminous secretion; the upper portion of the vagina is inflamed, and presents an eroded patch on its posterior wall of the exact size and appearance of the cervical abrasion.

Gave iron and bitters continuously; scarified Jan. 14th, 28th, Feb. 4th, 21st, Mar. 2d, 24th, Apr. 4th, 12th, 26th, and May 10th; scarified and applied caustic May 17th, 24th, and June 9th; scarified July 5th; scarified and applied caustic July 18th; applied caustic (solid) July 27th; scarified and applied caustic (solid) Aug. 3d; scarified and applied caustic Aug. 17th and 24th.

Aug. 31.—At this date the disease seems about cured, the congestion of the cervix and vagina being removed, the leucorrhœa lessened, and the abraded surface covered with a thin film of epithelium. The anterior lip, however, continues prominent, and the former site of the ulcer of a deep-red color. The corresponding ulceration of the vaginal mucous membrane also presents a similar appearance.

Oct. 12.—Mrs. H—— feels much better in every respect. She experiences but little local inconvenience, and has only a trivial mucous discharge.

Examination by Speculum.—The cervix and vagina present the same appearance as at the first examination, the congestion and ulceration being renewed.

Scarified and applied caustic.

Oct. 26.—On examination, a slight loss of substance, similar to what is met with in corroding ulcer, is discovered at the point of erosion on the anterior lip.

Applied the acid nitrate of mercury Oct. 26th and Nov. 2d, and caustic, (solid,) Nov. 9th to the ulcerated surface.

Dec. 5.—The original ulcer has healed, but three others are forming at contiguous points.

Applied the acid nitrate of mercury.

Jan. 4.—The ulcers have closed, and yet the congestion, enlargement, and hardness remain without improvement. At this date, it being thought useless to continue direct applications to the cervix, the case was held under observation, and vaginal injections were alone employed.

Jan. 18.—The patient's health is becoming seriously impaired.

Examination by Touch.—The neck presents an irregular surface, and contains small nodules, that are circumscribed and of much greater density than the surrounding tissues.

Examination by Speculum.—The ulcers on the cervix and posterior wall of the vagina have returned.

Feb. 18.—The disease is extending.

April 4 *and May* 1.—Of late the inroads on her health have been greater, and the deposits in the cervix more extensive, than at any previous time. The scirrhus will soon involve the body of the uterus. The patient being now, in answer to her inquiries, fully informed as to the nature of her disease, did not again return to the *Clinique.*

The final result, however, could hardly have been other than adverse, and that within a few months.

Commentary.—This case, at the outset, presented certain features of a suspicious character. The anterior labium had a hardness approximating to an induration, was supplied with enlarged veins, and being eroded, caused a like condition of the vaginal mucous membrane at the point of contact, circumstances rarely met with in benign disease.

If, as seems probable, a malignant disease were present at the first visit, in a nascent state, and about to become firmly established in the cervix, local depletion would, by relieving the congestion, have been the means the best adapted to prevent this untoward result. Recent observations confirm the opinion that a chronic congestion may determine the site of a cancerous deposit, and be the nucleus through which the system becomes infected. In this case, however, seeing that disease of the cervix had been present a year nearly, the malignant transformation had doubtless taken place before the treatment was instituted, and changed the normal into an abnormal structure, that was beyond the reach of depletion. Hence, notwithstanding the congestion was relieved, the superficial cancerous deposits were disintegrated and thrown off in the cervical and vaginal secretions, and thus formed an excavated ulcer with a stony-hard base and border. And then, when a potent escharotic had closed this and the other ulcerated surfaces, there were found circumscribed nodular masses in the substance of the neck, beneath and around the original disease.

This case is also interesting, showing, as it does, the intimate connection that exists between carcinoma and corroding ulcer.

In fact, the latter is identical in every particular with epithelioma, since it begins in the epithelial cells, and thence passes to the deeper structure, and is, from first to last, malignant in its nature.

CASE CCCX.

Cystitis.

E. N——, æt. 37, and married, the mother of two children, the younger of whom is five years old, but never the subject of a miscarriage, came to the *Clinique* August 19th, 1864.

She has no menstrual disorder, vaginal discharge, nor lumbar or iliac pain, but a dragging sensation at the pelvic outlet, both in the erect and recumbent postures, an intense pruritus vulvæ, an urgent and very frequent inclination to urinate, and the most agonizing suffering with the flow of urine, so great that she has many times fainted away. Two years ago, she was suddenly attacked with painful and frequent micturition, and constantly since that time her symptoms have been of the gravest character.

Examination by Touch.—The uterus is of the normal size and retains its proper inclination; the cervix rests on the floor of the pelvis, and the bladder fills the anterior part of the vagina.

The attempt to introduce a female catheter produced such violent distress, that I was obliged to desist and administer an anæsthetic, before the examination could be satisfactorily made.

Examination by Catheter.—The bladder is inflamed and contracted, but the presence of a calculus is not detected.

Examination by Speculum.—The cervix is slightly congested and the vaginal mucous membrane inflamed, particularly the portion covering the *bas fond* of the bladder.

This patient attended the *Clinique* from August 19th to September 10th, took saline laxatives and pills of gum turpentine, and had the cervix scarified on one and leeched on two occasions. The loss of blood, though coming from the uterus, gave immediate relief to the urinary disorder. This improvement continuing, she reported at her last visit that she felt as well in every particular as at any previous period of her life.

Commentary.—This case shows that inflammation of the bladder may excite the vaginal and cervical capillaries, and occasion many of the symptoms and local appearances peculiar to womb-disease, and that a loss of blood from the cervix relieves the bladder as well as the internal genitalia, though in a less direct manner, and is a method of depletion preferable to any other, whenever a cystitis has induced congestion of the vaginal envelopes.

CHAPTER IX.

CLASS VI.—MULTIPARÆ.

Congestion of the Cervical Canal, Congested Circle around the Os Uteri, with or without the Loss of Epithelium, Congestion and Enlargement of the Neck, Congestion and Enlargement of the Corpus Uteri, Congestion of the Ovaries and Erectile Coat of the Vagina, Mucous Inflammation of the Vagina, and Vaginismus.

Relationship of the Uterus, Ovaries, Vagina, Vulva, Rectum, and Bladder—Nervous and Vascular Supply of Genitalia—Ovarian Congestion; Symptoms, General, Local; Examination by Touch, *per Vaginam*, by Touch, *per Rectum*, by Touch and Palpation, by Speculum—Hypertrophy and Exfoliation of true Uterine Mucous Membrane—Retroversion, Partial; Symptoms, General, Local; Examination by Touch, by Sound, by Speculum—Flexions; Ætiology and Pathology; Symptoms, General, Local; Examination by Touch, by Sound, by Speculum—Anteflexion and Retroversion—Retroflexion and Retroversion—Cases CCCXI.-CCCXVIII. Complete—Cases CCCXIX.-CCCXXVI. Abbreviated—Passive Congestion of Internal Genitalia, from Non-Involution—Cases CCCXXVII. and CCCXXVIII. Abbreviated.

THE cases belonging to Class VI. present the distinctive features of the IV. and V., and blend together as one the constitutional and local symptoms and the morbid states of all the preceding classes. The congestion gaining increment and force by the greater extent of structure involved, and likewise by that mutual reaction always taking place between two or more suffering organs that conspire to a common function, the grade of nervous excitement becomes higher, and the intensity of vascular engorgement greater, than in the simpler forms of disease already investigated. This point being reached, the congestion is not stationary, but advances still further, leaps the bounds that have hitherto circumscribed it, and attains its extreme limits, by involving the ovaries and the true uterine mucous membrane equally with the uterine muscular tissue and the vaginal envelopes, and also by rendering all these organs a common centre of an excited arterial determination. Now womb-disease, by this general implication of the internal

genitalia, is displayed in its full proportions, and presented in all its varied characters, whereas previously it has fallen under observation while in a stage of inception or advance, whence, necessarily, the descriptions given in the foregoing pages were, in certain particulars, incomplete.

At first were seen the faint shadows of gathering disease in the swollen, spongy condition of the cervical rugæ, and the too free secretion of the Nabothean glands, directly, shading and coloring were deepened by the congestion and abrasion of the os uteri, and by the deeper color and greater size of the cervix, and then each figure stood out in a bolder outline and a clearer light, as, in the one case, the uterus was overflowed with blood and its fibre-germs developed, and, in the other, the vagina was similarly affected and its mucous lining inflamed; but now all the internal genital organs yield to one common disorder, and shading, coloring, and outline are painted in the deepest hues that erratic Nature has at her command. The excited vessels of the rugæ solicited a preternatural flow of blood, the stream increased in volume and force as the cervix was involved, the tide deepened and the current ran more swiftly, as either the uterine or the vaginal vessels were implicated, until finally, at the stage of the disease now under consideration, each artery, vein, and minute capillary of the inner and the outer cervix, of the corpus and the fundus uteri, of the coats and the mucous tissue of the vagina, and of the ovaries and the uterine mucous membrane proper, has succumbed to the rush of blood, which had been more and more actively drawn thither, as part after part was invaded by the gradually extending congestion. Hence congestion of the cervical cavity represents the minimum, and that of the uterus, vagina, ovaries, and true uterine mucous membrane the maximum of womb-disease, each intermediate stage retaining the characteristics of the preceding, and approximating in nature to the next higher, until at last morbid action attacks every organ of the reproductive system, reaches its height, and displays itself in completeness as a totality.

Although beyond a doubt an increased arterial flow to the ovaries occurs, in a limited measure, whenever the cervix and

corpus uteri, or the cervix and vagina, are seriously involved; and a capillary fulness, and an unnatural development and exuviation of the mucous lining of the uterine cavity proper, whenever, for a considerable period, the veins of the uterus have been crowded with blood and its walls hypertrophied by the incipient growth of muscular fibres, still as either of these conditions—ovarian or endohysteric congestion—when permanently of a degree sufficient to be appreciated, is sure, almost, to terminate speedily in a general engorgement of the internal genitals, the consideration of these complications has been deferred to the present Class.

RELATIONSHIP OF THE UTERUS, OVARIES, VAGINA, VULVA, RECTUM, AND BLADDER.

Two organs holding a functional relationship, and subservient to a like purpose in the economy, mutually react on each other to such a degree that one can not suffer long and deeply without throwing the other into disorder. This reaction is especially observable whenever branches of the same nerve are supplied to two dissimilar structures, as for example, the lungs and stomach. This physiological law, as it operates more delicately through the organic than the general nervous system, is markedly impressed on the internal genitalia, the action of which in harmony and concert is absolutely essential to the initiation and continuance of menstruation and the vitalizing of the ovum and its maturation into the fully formed fœtus.

Hence, congestion of the cervix, or of the cervix and coats of the vagina, cannot long exist in any severity without exciting the nerves and quickening the arteries distributed to the corpus uteri, nor without extending thence, in time, to the fundus uteri and the ovaries.

As, however, in a non-developed state of the uterus, the relationship of the inferior segment of the internal genitalia to the superior is one of function merely, and not a direct nervous and vascular intercommunication, disease of the cervix and vagina produces only an imperfect reaction on the ovaries, a

kind of sympathy similar to that uniting the stomach and the small intestines.

For these reasons it is ever found in practice that a simple congestion of the inner and the outer cervix, Classes I., II., III., or of these and the vagina, Class V., rarely increases to any great extent the rapidity and volume of the circulation of the ovaria, or the irritability and sensitiveness of their nerves. On the contrary, should the uterus proper, the portion alone taking an active, vital part in the evolutions of utero-gestation, and alone placed in intimate communication with the ovaries, through the reception of the same nerves and arteries, have its veins enlarged and filled by a richer stream of blood, particularly should this enhanced supply result in a muscular growth like that occurring in pregnancy, the nerves and blood-vessels of the ovaries would invariably and decidedly feel the impulse, and be more or less involved in the same disease.

Since, therefore, the ovarian congestion is occasioned, and its amount and activity determined almost solely by the uterine, it will in multiparæ be indicated with considerable accuracy by the extent of development and the degree of super-sensitiveness found in the uterus.

NERVOUS AND VASCULAR SUPPLY OF GENITALIA.

The above statements, based on observation and experience, are amply confirmed by a cursory review of the nerves and blood-vessels sent to the uterus, ovaries, and vagina. The neck and the body of the uterus receive ganglionic nerves from the hypogastric plexus, and arteries from the internal iliac by two branches, the uterine, which, mainly distributed to the cervix and corpus uteri, also send blood to the bladder and ureters.

On the other hand, the ovaries, Fallopian tubes, and fundus uteri are supplied with organic nerves from the ovarian (spermatic) plexus, and with blood by the ovarian (spermatic) arteries. Filaments from both the uterine and the ovarian nerves are distributed to the Fallopian tubes, by which provision concert of action between their fimbriæ and the uterus and ovaries is insured.

These anatomical peculiarities render uterine phenomena

more intelligible, explain the infrequent implication of the ovaries in the varying states of the other internal genital organs, and disclose the mechanism by which this result is attained.

Although the ovaries have a nervous and vascular supply, distinct from that of the cervix, and are, by this means, protected from the many irritating causes to which the latter is constantly subjected, nevertheless these organs, thus anatomically dissevered, are still connected in a less vital union—yet sufficient to hold each in functional relation—by filaments of the ovarian and uterine nerves blending together and forming sub-peritoneal ganglia on the walls of the uterus before distribution in its substance, and by the ovarian and uterine arteries anastomosing freely and uniting to form common venous canals.

This bond of union, though very much feebler than that existing between the cervix and corpus uteri, or the fundus uteri and ovaries, becomes more positive and direct in proportion to the growth, either physiological or pathological, of the uterus; on which event it is highly probable that new nerve-tubes are formed and the old enlarged, precisely as happens to all the other uterine tissues. At least, it is a matter of common observation that the cervix, when much and long congested, acquires a neuralgic sensibility, and, when strongly and suddenly irritated, sends darts of pain to the ovaries, between which and the lower half of the uterus, in the normal state, a community of nerves is scarcely demonstrable. Indeed, it hardly admits of a doubt but that an increased nutrition of the uterus, whatever its cause, will produce an actual development of nerve-tubes *pari passû* with that of muscular fibres, veins, and lymphatics, and thus enlarge the range of sympathies by the formation of an adventitious intercommunication, more perfect than is necessary or proper in a quiescent state of the uterus and ovaries.

The ovarian veins, however, excepting a small convoluted mass between the base of each ovary and the fimbriæ of the corresponding tube, are incapable, unlike those of the uterus and vagina, of admitting a large accession of blood, and hence will not allow a constantly increasing fulness to occur as the uterine congestion extends and becomes more intense. These veins, erectile in nature, resemble the uterine and vaginal, and,

filling a like office, are rendered temporarily turgid by venereal excitement, or constantly overcharged by morbid stimuli. This concerted action is secured through these ovarian veins receiving, together with the Fallopian tubes, filaments of the uterine nerves.

The ovaries, therefore, from a lack of direct sympathy, nerve union, with the cervix and vagina, are only liable to an urgently excited circulation under a like state of the corpus and fundus uteri, when, by reason of the indistensible structure of these bodies, there will arise extremely distressing symptoms, such as are invariable attendants on the congestion of organs enveloped by dense, fibrous capsules—symptoms grave enough to indicate a general inflammation of the pelvic contents, and at times so severe as to terminate in an effusion of serum into the neighboring peritoneal or areolar tissue—pelvic cellulitis—or of blood into the same localities—pelvic hæmatocele.

Indeed, in the more violently congestive cases of recent origin, it is often impossible to predicate the result; whether the capillaries will remain congested, will discharge blood by rupture, or will effuse serum by transudation.

The interdependence existing between the cervix and vagina, the vagina and vulva, rectum, or bladder, is equally, with that between the uterus and ovaries, elucidated by recalling the nerves and vessels distributed to these organs severally.

The hypogastric plexus not only furnishes nerves to the cervix and corpus uteri, but also to the vagina, clitoris, pars intermedia, and bulbs of the vestibule. This plexus is unevenly formed of organic and spinal nerves, the superior border being chiefly organic, and the inferior spinal; yet as it is bound together by nerve-tubes and ganglionic enlargements, as a common centre, a diversity and a unity of action is attained simultaneously. The uterine nerves are given off above the point where the plexus is joined by the second, third, and fourth sacral, and hence, receiving filaments only from the spinal system, are almost exclusively organic; whereas the vaginal, prostatic, vesical, and hæmorrhoidal, arising below this point, are contrariwise almost exclusively spinal; and hence the vagina, clitoris, pars intermedia, bulbi vestibuli, bladder, and rectum

are largely under the sway of the nerves of motion and sensation, and but slightly under that of organic life.

Under the stimulus of an increased nutrition, in which the vagina participates as well as the uterus, both by a fulness of its vessels and a growth of its germ-cells, the filaments of the cervical and the vaginal nerves that intercommunicate—a fact not as yet satisfactorily demonstrated—are developed, like those in the walls of the uterus.

The cervix and vagina, therefore, as they receive their nerves from the same plexus, are, in the normal state, placed in closer sympathy than the cervix and ovaries; and, in physiological and pathological conditions, attended with hyperæmia and development, this sympathy becomes intimate and direct by the growth of connecting nerve-tubes, precisely as in the case of the uterus.

This mutual reaction is favored still more by an interchange existing between the uterine and vaginal blood-vessels.

Hence the greater proneness of cervical congestion to extend to the vagina than to the ovaries, which rarely succumb until the stress and urgency of uterine disease is extreme.

The vesical nerves supply the sides and the base of the bladder, and the hæmorrhoidal the rectum.

The vaginal arteries not only furnish blood to the vagina, but also send branches to the bladder and rectum. The hæmorrhoidal arteries pass to the rectum, and the vesical to the bladder.

The reaction of the cervix on the vagina, or of the cervix on the ovaries, is greater than that of the vagina on the bladder, or of the vagina on the rectum; at least the bond of union between the latter is not very observable until, by the general overflow of blood, the entire pelvic contents are involved.

The anatomical reason for this exemption is apparent. The vaginal, vesical, and rectal nerves, though derived from a common plexus, are largely spinal, and hence do not bind together in close ties the parts to which they are severally distributed; and yet, as there is a measure of sympathy, and as branches of the vaginal arteries pass to the bladder and rectum, these organs can scarcely fail to receive an excess of blood, whenever the vagina is permanently congested.

The labia pudendi, bulbi vestibuli, and clitoris receive orga-

nic and spinal nerves, the organic from the prostatic plexus, and the spinal from the pudic nerve, and are supplied with blood by arteries from the internal pudic.

Hence the external organs of generation are, except from the transit of irritating matter, rarely affected in benign disease, but the bulbs and the spongy mass of vessels around the clitoris are, since they also receive nerves from the hypogastric plexus, often congested in extreme cases, such as are attended with hyperæsthesia.

OVARIAN CONGESTION.

The pain and tenderness so often experienced at the iliac fossæ, instead of arising from congestion of the ovaries as is supposed, are due in most instances to a supersensitive state of the uterine nerves. This supersensitiveness, which shows itself in the milder cases by annoying sensations in the lumbo-sacral region, is, as benign disease progresses, succeeded by a higher grade of neuralgia, that renders these nerves intolerant of pressure downward and backward, at the lateral front parts of the false pelvis, and subject to a dull, gnawing, aching pain, extending from the hypogastric plexus to the cervix uteri.

Then again, whenever the uterus receives an excessive and continuous influx of nerve-force and blood-plasma, and as a natural sequence becomes more actively nourished, the Fallopian tubes, and the web of erectile vessels between their fimbriæ and the bases of the ovaria, will, through a community of nervous supply, participate in the movement, and have their circulation permanently augmented. This hyperæmia, as well as that of the uterus, produces a nervous irritability that is also indicated at all times by a like feeling of discomfort, and, on pressure, by a like intense pain in the iliac regions.

The symptoms, however, that are peculiar to hyperæsthesia of the uterus and Fallopian tubes—a state of the nerves due almost exclusively to uterine congestion—having already been presented in the preceding Classes, do not in this connection demand further elucidation. The iliac pain and soreness were found, in the cases related, even the most aggravated, to be

more a measure of the congestion of the parts supplied by the uterine nerves, than an indication of the implication, however slight, of the ovaries, and to disappear in advance of the hyperæsthesia of the uterus, under a treatment directed exclusively to the cervix.

In contradistinction to this simulated ovarian congestion, the true involves the nerves and blood-vessels of the ovaries, and as the fibrous envelopes of these organs do not allow expansion, excites symptoms that attain a height, assume a gravity, and cause a wide-spread reaction on the cerebro-spinal axis, unobserved before. Indeed, now the *ultima Thule* of womb-disease is reached.

This congestion may begin either slowly, by the morbid action going on in the uterus extending point by point to the ovaries, or suddenly, by the invasion simultaneously of all the internal genital organs, as is prone to happen on the normal depletion effected by the monthly hæmorrhage being interrupted by external causes.

By the first process, the ovarian congestion being secondary to the uterine, and gradual in its accession, the symptoms excited are not so profound as when, by the second, the ovarian congestion has a common origin with the uterine, and arises from a cause potent enough to surcharge at once all the genital blood-vessels.

GENERAL SYMPTOMS.

On the supervention of congestion of the ovaria, the more common disorders attending womb-disease, and the more rare, those due to irritation of the cerebro-spinal axis, attain their extreme proportions, their maximum of intensity. The organs of mind, sensation, and motion are thrown from their equipoise, and thus rhythm and harmony of operation are lost, and the various functional offices fulfilled fitfully, discordantly, and confusedly. The nerve-force is unsteady and disconcerted, lacks power and unity of action, and gives origin to a host of disorders, curiously blended and constantly changing, that in each new phase inflict fresh misery on the patient. Hyperæsthesia, anæsthesia, hemicrania, pleurodynia, gastralgia, enter-

algia, muscular spasms, and semi-paralytic conditions are common, and often hysteroid, choreaic, and epileptiform convulsions, catalepsy, laryngismus, asthma, angina pectoris, trismus, and general tetanic rigidity crown the ills from which death itself would be a happy deliverance. The brain losing its balance, reason is unseated, judgment perverted, purpose distracted, character changed, and disposition soured, and then each nobler attribute that constitutes woman's power and charm disappears, and is replaced by ill-temper, perversity, fretfulness, gloom, despondency, moroseness, and a whole catalogue of unseemly qualities which make her unlovely to others and hateful to herself.

These symptoms, peculiar to chronic and active congestion of the ovaries, or at least to that of the uterus and ovaries, are, when the attack is sudden, preceded by others equally grave and significant. These are an excited action of the heart and arteries, and an exalted nervous erethism, that result in a febrile movement, similar to a like condition attendant upon inflammatory affections. This vascular excitement and nervous commotion continue a time, and then subside spontaneously; whereupon the more common symptoms, just detailed, remain in undisputed possession of the field.

LOCAL SYMPTOMS.

The pelvic pains arising from congestion of the vaginal coats, and congestion and hypertrophy of the uterine walls, flow into a common stream, and, by their confluence, gain volume and momentum, and then on the ovaries succumbing to the advancing disease, a new spring of bitterness opens, and swells to greater heights the tide of pain and misery already afflicting the patient.

Now, other organs besides the uterus and vagina, those of equal or even greater importance, being an additional source of nervous and vascular turmoil, new and special symptoms are induced. The pain and soreness situated in the front lateral portions of the false pelvis, and often little noticed except when awakened by pressure, are now constant and distressing. Indeed, in proportion to the greater implication of

the ovaries, the iliac regions become more and more intolerant of manipulation, and, in well-pronounced cases, are acutely alive to the gentlest touch. In all such examples there exist also a fulness, a tenseness, and an elasticity at the lower border of the abdomen, that are due probably, in a great measure, to the gas and fæces accumulated in the bowels, which being robbed of nerve-power, have become sluggish and semi-paralyzed.

Should, on the contrary, congestion of the ovaries, instead of arising by this slow process, step by step, spring into existence at a bound, simultaneously with that of the uterus and vagina, the iliac regions would become immediately the seat of a pain, acute, pulsating, gnawing, and well-nigh insupportable, of a sensitiveness so highly exalted as to forbid palpation without the aid of an anæsthetic, and of an enlargement hard and resisting enough to indicate inflammation of the abdominal contents. Often the local is greater than the general temperature, even when fever is present, and many times the patient as she lies in bed instinctively bends the body forward and draws the knees upward, to relieve the pain felt at the brim of the pelvis. If the uterus be retroflexed or partially retroverted, there will be added an obstruction of the rectum so great as to interfere with the action of the bowels, and an irritation of the sacral plexus so severe as to excite neuralgic pains in the nerves given off by it, the sciatic more especially.

EXAMINATION BY TOUCH, PER VAGINAM.

The characteristics pertaining to Classes IV. and V. pertain also to Class VI. Besides these, on the ovarian congestion becoming well pronounced, certain others are added that demand special study, since from the febrile symptoms, the iliac hardness and swelling, and the state of the uterus and its annexæ, as discovered by the touch, there is danger of confounding this general congestion with hysteritis, pelvic cellulitis, or pelvic hæmatocele.

In the cases presenting the more violent general and local symptoms, the uterus acquires the extreme of sensibility, moves less freely than normal in the pelvis, and has, at the union of

the cervix and vagina, partial or diffused swellings of a dense, elastic nature.

The areolar tissue beneath the peritoneum covering the uterus, and within the peritoneal folds embracing the ovaries. Fallopian tubes, and round ligaments, is, when the genital vessels are excessively overburdened, occupied more or less by a serous transudation, the same as is found in other parts of the body under the like circumstances. This transudation, containing plastic elements and taking on a partial organization, forms, as it were, rounded outgrowths on the outer superficies of the uterus, which assumes, on the peritoneal folds becoming involved, a semi-fixed position.

Should retroflexion or partial retroversion, and particularly should adhesions coexist, this effusion of serum is especially prone to occur, and impact the uterus in a solid, irregular mass. Cases such as these simulate a complete retroversion, a scirrhus mass, or a fibroid growth, but are readily distinguished by the history and symptoms. They are in every particular still more like, and are in reality akin to cases of cellulitis, in which the congestion, if it be extensive and persistent, will be liable to terminate.

In the initiatory stage, a differential diagnosis is scarcely possible, neither is it important, since a similar morbid state requires a similar treatment.

If, however, the fulness of the vessels be diminished by a menorrhagia, metrorrhagia, rectal hæmorrhage, or other pelvic loss of blood, the effusion will, when recent and not too excessive, be spontaneously reabsorbed; in which event adhesions, a usual result, are frequently found that bear witness in after life to the violence of the original disease.

EXAMINATION BY TOUCH, PER RECTUM.

The enlarged ovaries, said to be felt *per rectum* in what has been misnamed ovaritis, were probably in most instances nodulated masses of lymph; for, directly any considerable degree of ovarian congestion is incited, the vessels of the other genital organs are drawn into the whirl of the arterial streams, and the serum of the blood is, as heretofore described, effused into the areolar tissue. True the ovaries might often be presented

to the finger, but still they would seldom be distinguished from other small, rounded bodies located on or near the posterior face of the uterus.

A rectal examination reveals the knob-like protuberances, formed by the effusion of lymph, the increased bulk and sensibility of the uterus, the hot, tender state of the rectum, and the dense, resisting mass encroaching on the calibre of the bowel, and impeding defecation. If a retroflexion or a partial retroversion exist, these various conditions will be greatly aggravated by the enlarged fundus occupying the hollow of the sacrum and obstructing the rectum. Indeed, a movement of the bowels will frequently be impracticable without the aid of enemata.

EXAMINATION BY TOUCH AND PALPATION.

To render a tactile examination satisfactory, it is necessary, in the graver cases, to invoke the aid of an anæsthetic, particularly when touch and palpation are combined. By the employment of chloroform or æther, the abdomen becomes more yielding and the uterus less fixed, a result showing that the hardness of the one and the immobility of the other were due, in part, to the muscular spasm awakened by reflex action. The nerves being thus deadened to the influence of pain, the state of each organ may be positively diagnosticated, since, with the right index finger in the vagina or rectum, and the palm of the left hand on the lower border of the abdomen, the intervening structures can be thoroughly examined, and their condition correctly appreciated.

EXAMINATION BY SPECULUM.

The information attainable by the speculum being limited to the surfaces brought within the range of the eye, is of the same character as heretofore detailed in the more simple cases, and sheds no light on the greater gravity of the symptoms.

HYPERTROPHY AND EXFOLIATION OF TRUE UTERINE MUCOUS MEMBRANE.

The mucous membrane of the uterus proper, as described under the head of pathology, is ordinarily in a hibernating state—a state of undeveloped vital endowment—from which it is

called into a temporary functional activity by each return of the menses, or into a permanent progressive development by the occurrence of conception. Although, in health, a monthly shedding of this membrane, in accordance with the view of Kölliker, could hardly be supposed to occur; yet in disease, as pathological misrule takes its bent from physiological laws, and works out its results by their perversion, it would be not only a probable, but a necessary result that the mucous membrane should participate in the congestion and hypertrophy of the uterine walls, inasmuch as both tissues have a community of vessels and nerves, and be exuviated at the periods, as under like conditions during the act of abortion. Against this opinion it may be alleged that a membrane, or shreds of a membrane, are never found in the menstrual product, except in those rare instances that are attended with quasi-labor-pains.

In answer, it may be stated, that in a miscarriage, previous to the formation of the placenta, the conception with the shaggy chorion, as the external covering, is expelled, but that the caducous coat—in other words, the hypertrophied mucous membrane—retains its attachment to the inner face of the uterus, and is gradually separated, broken down, and thrown off in the lochia. A similar process, doubtless, occurs at each monthly epoch, whenever the uterus is continuously congested and markedly hypertrophied, the mucous membrane being developed during the menstrual interval, and then liquefied and carried away in the flow at the periods. In either case, the open mouths of the uterine veins, thus laid bare by the detachment of the mucous membrane, are the source of the hæmorrhage so frequently an attendant on abortion and womb-disease. Indeed, without the exfoliation of the mucous membrane and the exposure of the uterine veins, a menorrhagia or a metrorrhagia could scarcely be a possible occurrence.

As in all equable enlargements of the uterus, the inner cervix and the ora uteri expand, and hence offer no impediment to the exit of the blood, however copious it may be, the dysmenorrhœal pains present are rarely dependent on a mechanical obstruction.

In some cases, on the contrary, that are characterized by a

still greater intensity of the congestion, the mucous membrane attains a preternatural thickness and firmness, and is extruded entire. This result is due to the increased plasticity of the blood, and is more liable to follow when flexure or version complicates the womb-disease.

A like hypertrophy of the decidua, united often with fatty degeneration, is at times met with in miscarriages at the earlier months.

RETROVERSION, PARTIAL.

The round ligaments, having a common structure with the uterine walls, and receiving a common nervous and vascular supply with the ovaries and fundus uteri, are endowed by conception with a vitality like that pervading all the other parts of the genital apparatus. Indeed these ligaments assume, together with the congeneric tissue that gives them origin, an active growth, and attain by the development of their germ-cells into smooth muscular fibres, a strength capable of sustaining an increased weight and a length sufficient to allow the fundus uteri to rise as high as the epigastrium.

Hence, as a morbid, nervous, and vascular influx induces a pseudo-physiological hypertrophy of the uterus, so likewise, by the same agency and at the same time, a similar change is wrought in the ligamenta rotunda.

The uterus, whether enlarged by the existence of pregnancy, benign disease, a neoplastic growth, or other cause, tends, by the normal forward inclination of its axis, to fall upon the bladder, and by the force of gravity to antevert to an extent proportionate to its weight and that of the superimposed viscera.

In congestive uterine enlargement, when well pronounced, the fundus appears above the pelvic brim, and then, by falling forward and downward, produces a decided anteversion ; but when less considerable, the fundus remains at or sinks below its normal level, and then, by impinging on the posterior wall of the bladder and the inner face of the pubic bones, is checked in its forward deviation. The uterus being thus hypertrophied and anteverted, any sudden and unexpected force may, especially

when the bladder is distended, inasmuch as the round ligaments can now, from their greater length, offer no resistance, throw the fundus backward beneath the sacro-vertebral prominence, and thus convert an anteversion into a retroversion.

In most cases, however, as the vesical attachments become weakened and elongated, the bladder sinks into the vagina, and the uterus settles in the pelvis; whereupon, should the uterus, as commonly happens, subside into the axis of the excavation, the fundus would change its position and look upward and backward, a direction the reverse of its normal inclination. As now the ligamenta rotunda oppose no obstacle to the free motion of the fundus, it is prone to retrovert still more, and eventually to fall against the first or second bone of the sacrum, or at least, decline sensibly in that direction. The uterus being thus retroverted as a result of congestion, its weight, together with that of the intestines, constantly tends to increase and perpetuate the displacement, which, *vice versa*, intensifies the womb-disease, and renders it always obstinate, and at times incurable.

GENERAL SYMPTOMS.

There are no constitutional reactions distinguishing these cases from others in Class VI.

LOCAL SYMPTOMS.

The fundus uteri, by pressing on the sacral plexus, causes benumbed, tingling, and aching feelings, or gnawing, dragging, and lancinating pains in the nerves of the pelvis and lower extremities, and especially in the sciatic nerve throughout its entire route to the feet—pains often of an intense neuralgic character; and by encroaching upon the calibre of the rectum, causes a persistent intestinal torpor, and a mechanical impediment to the passage of the fæces; and by obstructing the return-current of blood through the hæmorrhoidal veins, causes an intense and persistent rectal hyperæmia, as is shown by heat, tension, throbbing, dysenteric stools, hæmorrhage, prolapse of the mucous membrane, etc., etc.

Since in a backward dislocation of the uterus, the simultane-

ous contraction of the diaphragm and abdominal muscles impels the intestines against the anterior surface of the corpus, all straining efforts, as in lifting a burden or evacuating the bowels, will render the retroversion more decided, the constriction of the rectum more complete, and the irritation of the sacral plexus more intense. Consequently, exercise is well-nigh impracticable, the active kind from the superincumbent weight of the intestines, and the passive, from this cause, and from sudden and violent jolts, being attended with a greater subsidence of the fundus.

Eventually, however, the uterus, that is now untethered by the relaxed round ligaments, and that had, in the initiatory stages of this displacement, moved without restraint in any direction, as impelled by extraneous forces, becomes, by the congestion extending to the areolar tissue of the pelvis, permanently fixed in a semi-retroverted position. On this result taking place, uterine disease attains its most intractable form, and gives rise to the violent symptoms above detailed.

As this malposition of the uterus necessarily carries the cervix towards, and forces it against, the base of the bladder, proportionately to the backward deviation of the fundus, urinary disorders are excited, that vary in degree from a simple irritation of the vesical nerves to strangury or hæmaturia. In most cases, however, the symptoms are well comprehended in the popular term, the gravel; but in some they assume unusual severity, and become equal to those attending an inflammatory condition of the mucous membrane.

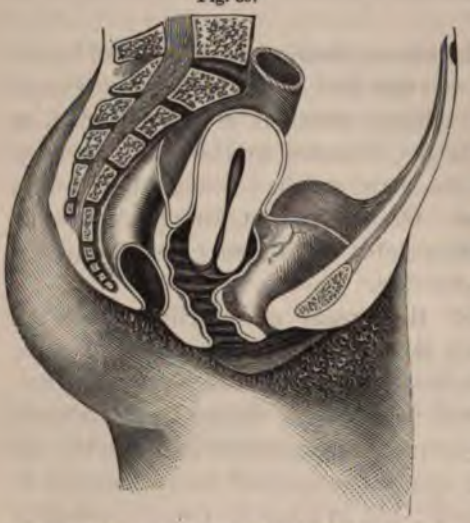
A mechanical obstruction to the flow of the urine, or to the movement of the bowels, will not be met with, unless the retroversion change from partial to complete; in which contingency the fundus continues its descent from the upper to the lower bones of the sacrum, and the cervix its ascent along the inner face of the pubic bones.

Between a retroversion, in which the uterus is turned topsy-turvy, and a simple falling of the fundus below the promontory, there is a radical difference; and the symptoms awakened, as the uterus revolves on itself and takes a position more and more unnatural, become constantly of a severer character.

EXAMINATION BY TOUCH.

The posterior wall of the vagina is somewhat relaxed and shortened, and the anterior stretched and lengthened. The cervix, instead of pointing to the coccyx, turns forward in various degrees, occupies the anterior part of the vagina, indents the *bas fond* of the bladder, and, in extreme cases, rests just beneath the sub-pubic ligament. By placing the left hand on the hypogastrium, and carrying the index finger of the right upward along the anterior face of the cervix, so as to explore the space intervening between it and the bladder, the absence of any dense, circumscribed, movable substance like the corpus is observed, and by raising the cervix, the uterus is felt to yield, not, as in the normal condition, upward and forward, but upward and backward; in fact, to retrovert more decidedly.

Fig. 39.



Section of pelvis, one quarter of life-size.—Hypertrophy; retroversion; prolapsus vaginæ.

The finger passed between the neck and the rectum comes in contact with the entire posterior surface of the uterus, which is depressed towards or even beneath the sacral promontory, but is not bent on itself nor otherwise changed in shape. This depression in many instances is slight, and in all varies as gravity or pressure is brought into play, but is decided either in the supine or erect posture, when the patient holds her breath and forces down as if at stool. If, as sometimes happens, the retroversion be so considerable as to allow the finger to circumscribe the fundus, still the uterus will, from its ex-

treme mobility, readily rise in the pelvis, and assume any inclination according to the direction of the force applied. When, however, the congestion has, by implicating the areolar tissue, attained its height, the uterus becomes partially fixed in a semi-retroverted position, acquires an excessively neuralgic condition, and imparts the feeling as though a large, dense, elastic body filled in the space at the upper half of the sacrum—a condition fully portrayed under the head of ovarian congestion.

It must not be forgotten, however, that the prolapsed and enlarged uterus may, though neither bent nor inclined backward, appear retroflexed or retroverted, when such in reality is not the case, the fundus being simulated by a mass of lymph effused between the corpus and the rectum. A diagnosis, under these circumstances, cannot be made without a critical comparison of the conditions discovered by a physical exploration, with the local and the general symptoms, and many times it may be necessary to institute a tentative treatment, and watch the course of the disease, before all doubts are removed and the proper plan of procedure is clearly indicated.

EXAMINATION BY SOUND.

The uterus, instead of holding its normal angle with the plane of the superior pelvic strait, first deviates to that of the excavation, and then to a line drawn from the first bone of the sacrum to the sub-pubic ligament.

By the sound the mobility of the uterus, the direction of the uterine axis, the extent of the retroversion, and the amount of the enlargement are satisfactorily estimated, and also by its aid the examination by touch is rendered more complete. This instrument, however great the inclination of the uterine axis, does not take a circuitous, tortuous route, as in flexion, but passes along a direct canal from the os to the fundus.

EXAMINATION BY SPECULUM.

The os uteri, from its abnormal position, may not fall readily into the field of vision, when the patient lies on her back. The duck-bill speculum obviates this difficulty by

thrusting the vaginal walls to either side, and drawing the cervix into the axis of the excavation. The tubular speculum, however, may be employed with equal facility, and without the infliction of unusual pain, by placing the patient on her left side. In this posture the point of the instrument can be directed so far forward, by depressing the perinæum, as to expose the os to view, and permit direct applications to be made in an easy and satisfactory manner. No special peculiarities, other than this abnormal location of the cervix, are met with in partial retroversion.

FLEXIONS.

The term flexion is applied to a reduplication of the uterus in such a fashion that the corpus and fundus are turned downward anteriorly, posteriorly, or laterally—anteflexed, retroflexed, or lateroflexed—and yet the cervix maintains its proper inclination to the pelvic planes, and its proper relationship to the vagina. In other words, the uterus at the union of its body and neck—the site of the os internum—is doubled on itself precisely as though the neck, when in a plastic state, had been held in position by one hand, whilst the body was bent downward by the other. This bending varies from a gentle curve, a variation that gives slight or no evidence of its existence, and is of little or no moment, to an obtuse or an acute angle, a deformity that obstructs the passage to the proper uterine cavity and presents a physical barrier to menstruation and conception. The latter change of form offering a serious impediment to the egress of the catamenia and to the ingress of the spermatozoa, dysmenorrhœa and sterility will be the ordinary concomitants, and congestion a common sequel. In the curvilinear species the walls of the cervix are not deficient, nor is its canal, though decidedly inflected, impervious, or essentially narrowed; but in the angular there exist at the point of bending a radical perversion of form, a loss of substance, and an obstruction or a closure, well-nigh complete, of the inner cervix. Between these two extremes, these typical examples, there are many intermediate gradations, as numerous almost as the cases coming under observation.

ÆTIOLOGY AND PATHOLOGY.

The cause of flexion of the uterus is involved in great obscurity. In fact, until a very recent period little or nothing was known on this subject, and even now a flexion is not infrequently confounded with a version, between which there exists no similarity, however slight.

A flexion, previous to puberty, will give rise to no symptoms, nor after this age, if, as is commonly the case, the menstrual flow be unimpeded; a fact explaining the slender knowledge of many members of the profession as to this variety of uterine deviation. Even when the uterus, doubled into this characteristic shape, is congested, and is, from the severity of the pelvic symptoms, examined with special care, this distortion is apt, save by the practised touch, to be unrecognized, or even mistaken for a version or an enlargement of one of the ovaries.

The pathology of flexion is as little understood as its causation. Many, if not most cases, are congenital, originating during the period of fœtal development from a defective or perverted cell-life; but others are accidental, being acquired during the menstrual reign from the involution after a labor or an abortion, or the sub-involution after the cure of a congestive enlargement of the uterus, proceeding too far in its destructive disintegration. At least it is certain that a uterus originally of the normal shape may, as it returns after delivery to its former size, become flexed in the operation, and it seems to the writer that a like change may follow upon any development of the uterine walls, whatever the cause—congestion, polypus, tumor, etc.—when a similar process is instituted for the removal of the superfluous and effete materials. Therefore a flexure, when congenital, is a malformation, but when accidental, is a change of form from fatty degeneration, that weakening the muscular walls in a circumscribed locality, causes the corpus, from the want of support, to bend in that direction. The point of departure in either case is at the internal os, which marks the termination of the cervical tissue and the commencement of the uterine, and is deter-

mined by the fact that the neck partakes in part only of the anatomical elements of the body, and also that at the point of union of these two dissimilar structures there is less vital power to stay the spoliative process by which the muscular fibres of the uterus are transformed into fat, and its shape and size reduced to the normal standard. In truth the cervix is an accessory part to, but not a component part of, the uterus proper, inasmuch as it is only designed to contribute to the offices of the other internal genital organs.

GENERAL SYMPTOMS.

A flexure will cause no reaction on the system, nor give any local manifestation of its existence, unless the menses be obstructed, the uterus congested, or the neighboring organs intrenched upon; and, notwithstanding this deformity is often the occasion of dysmenorrhœa and congestion, and thence, secondarily, of the symptoms attending uterine disorders, yet it is, when uncomplicated, of such slight importance as not to demand treatment.

LOCAL SYMPTOMS.

The local symptoms, equally with the general, are insignificant when the flexed uterus does not obstruct the catamenia or encroach upon the space of the other pelvic organs. Indeed, it is not a matter of opinion, but admits of proof, that the uterus, an organ from two inches and a half to two and three quarters in length, may be bent on itself, in a pelvic diameter of more than four inches in all directions, without seriously encroaching upon the bladder and rectum or interfering with their functions. When, however, dysmenorrhœa attends the menses, a fulness of the uterine vessels is almost sure to arise. This causing a turgescence of the arbor vitæ and a contraction of the cervical cavity, particularly at the deformed part, induces, with nearly uniform certainty, congestion of the uterus, and, as a necessary sequence, a like morbid state of the other internal genital organs. Now the general and local symptoms, previously given as peculiar to congestion and anteversion, and to congestion and retroversion respectively, are presented;

and yet it should be held in mind that these symptoms, though of the same character, are not altogether equal in degree to those found in anteflexion and retroflexion, since the womb, from its folded shape, does not occupy as much space or encroach so decidedly on its neighbors.

EXAMINATION BY TOUCH.

The os looks in the right direction, the cervix holds its proper position, and the distortion of the uterus is not revealed, except by a critical examination.

Fig. 40.



Section of pelvis, one quarter of life-size—Anteflexion.

In anteflexion, if the finger be passed along the anterior face of the neck for about an inch, a pocket-like cavity will be reached, bounded behind, above, and partly in front by a dense substance. This, by further manipulation, will be found consolidated in one body, the uterus, and movable in all directions *en masse*. The fundus, though turned downward, and though, in some instances, nearly reversed, does not lie on the bladder, as in anteversion, but insinuates itself behind this organ and creates no special inconvenience, other than the inability to restrain the frequent calls to void the urine.

In retroflexion, in like manner, it is observed, by directing the finger posteriorly, that the shape and position of the uterus are the reverse of that in anteflexion, and also that the fundus does not fill the sacral curve, press upon the nerves, or disturb the rectum, as in retroversion of the like degree.

In lateral, and in antero- and retro-lateral flexions, a similar state of the parts is presented, as in the more usual perversions of form just mentioned; and yet direct and positive irritation therefrom is even less likely to arise, as now the fundus falls to the one or the other side of the bladder or rectum, into the transverse or oblique pelvic diameters, which are greater than the conjugate.

Fig. 41.



Section of pelvis, one quarter of life-size.—Retroflexion.

As the uterus, in whichever of the above ways distorted, becomes congested and hypertrophied, and as the ovaries, rectum, and inter-cellular tissue become involved, the conditions heretofore observed under like circumstances, in the corresponding version, are, in the main, presented; and yet the character of the deviation is distinguishable by the globular mass of the fundus that looks downward, by the cervix that retains its normal position and axis, and by the cupped cavity that is bounded on three sides by the uterine walls. The body being on a level with the neck, does not interfere with the bladder or rectum, as when the unbent uterus falls forward or backward, but only occupies greater space by spreading anteriorly or posteriorly.

EXAMINATION BY SOUND.

The sound will pass a half-inch or more without obstruction and in the right direction, but then, if the uterus be curved, will deviate to one side gently, and if bent, abruptly, before it enters the uterine cavity. The canal is obstructed by its

walls coming in contact, or by its course being changed. In either case catheterism will be difficult, if not impracticable, and only effected by a small, flexible instrument, a bougie or a silver probe.

The sound enables us to judge of the nature and extent of an obstruction in the canal, or at the inner os, to discover the length and direction of the uterine cavity, and to distinguish a flexion from a version, one kind of flexion or version from another, and the fundus from any dense, rounded body of a similar size and shape, attached to or growing from the walls of the corpus.

EXAMINATION BY SPECULUM.

No information is gained by the sight, that is distinctive or even suggestive of the existence or non-existence of a flexure of the uterus.

ANTEFLEXION AND RETROVERSION.

The uterus, bent forward by an antero-direct or by an antero-lateral flexure, is restrained from a further descent by its firm attachment to the bladder. Should, however, this attachment relax, and allow a decided prolapse to take place, the uterus might, whilst occupying this low position in the pelvis, rotate backward towards the sacrum, and thus present the curious anomaly of a combined prolapsus, anteflexion, and retroversion. These several *errores loci*, when united, cannot fail to induce a catalogue of mixed disorders, variously blended, the leading characteristics of which are sufficiently elucidated in the foregoing pages under appropriate heads.

RETROFLEXION AND RETROVERSION.

The uterus, on the other hand, when bent backward by a retro-direct or a retro-lateral flexure, whether prolapsed or not, may revolve on the os internum as a centre, and by this movement carry the fundus into the hollow of the sacrum, and the cervix against the base of the bladder. The peculiarities, however, of this double deviation, a retroflexion with a retroversion, are sufficiently indicated by the descriptions heretofore offered

without there being the necessity of trespassing, by repetition, on the patience of the reader.

Both in anteflexion and retroversion, and in retroflexion and retroversion, the contractions of the abdominal muscles and diaphragm, together with the weight of the intestines, tend to force the uterus towards the coccyx. The uterus, doubled into a rounded mass, and occupying less space than when of the normal figure, does not usually excite the grave symptoms met with in retroversion alone, since the rectum and sacral nerves are neither pressed upon by the fundus nor the neck of the bladder by the projecting cervix. Indeed the retroflected uterus, a body of not more than two inches in its longest diameter, can take any position in the pelvis, as influenced by extraneous causes, and not, though the source of great annoyance from feelings of weight and pressure at the pelvic outlet, give profound disturbance, except when congestion is also present.

CASE CCCXI.

Congestion of Uterus, Ovaries, and Vagina; Hypertrophy; Prolapsus Uteri; Erosion; Vaginitis; Pruritus; Menorrhagia; Leucorrhœa; Recovery.

M. B——, æt. 41, a widow, and the mother of three children, but never the subject of a miscarriage, applied for advice June 15th, 1863. She is debilitated and suffers from a foul stomach and a labored digestion, but has a good color, a fair appetite, and a regular state of the bowels.

The past three months she has experienced certain distressing local symptoms, a too free and frequent menstruation, the flow being clotted and returning about every three weeks, a constant and acrid vaginal discharge, scalding, burning, and itching sensations in the vagina, and pressure and weight at the perinæum on walking. She has, however, no pain in the back or the loins, no tenderness in the iliac or the hypogastric region, and no disturbance of the urinary organs.

Examination by Touch.—The uterus, hypertrophied and prolapsed, maintains its normal inclination; the cervix, rounded and swollen, rests near the coccyx, and the os, dilated and everted, has a rough, granular feel.

Examination by Speculum.—The cervix is uniformly enlarged and intensely congested, and its surface is thickly sprinkled with red points, the summits of the vascular papillæ, that are here and there blended together. The os is abraded and gives issue to a copious, pellucid secretion. The vagina is inflamed, filled with a creamy, purulent-looking matter, and covered, more particularly at its upper part, with deep-red points.

There was some but no great pain attending the examination.

June 15.—Scarified. The bleeding was very free.

July 1.—Applied two leeches.

July 17.—She has had a constant red discharge since the last visit, but now feels very much better. Applied caustic.

July 23.—Applied a leech.

July 30.—There is increased redness of the cervix and vagina. The last menstruation was natural as to quantity and time of recurrence. Scarified.

Aug. 7.—The constitutional symptoms have disappeared, but the leucorrhœa and pruritus are still as troublesome as ever. A monthly period being near at hand, the local treatment was deferred.

Aug. 15.—The menses, present the past week, were normal. The pelvic disorders, though the local appearances remain the same as at first, are much less severe. Applied two leeches.

Sept. 1.—Applied three leeches, and directed injections of borax.

Sept. 23.—The last menstruation was normal. Scarified.

Oct. 8.—The local improvement is very decided, and the leucorrhœal discharge but slight. Scarified.

Oct. 9.—Scarified, and applied caustic.

Oct. 19.—Scarified.

Nov. 6.—The patient feels well in every respect. Red points are still seen on the surface of the neck, but not on that of the vagina, and mucus still flows, though sparingly, from the os. Applied caustic.

Nov. 23.—Applied two leeches.

Nov. 29.—Scarified.

April 5.—She has been absent since November. The cervix

and vagina present the same appearance as at the previous visit. The secretion of the Nabothean glands is still in excess. Scarified.

April 12.—Scarified.

April 19.—There is little or no leucorrhœa. Scarified.

In this case the general treatment consisted of purgative medicines, to which on two or three occasions blue mass was added.

Aug. 20, 1864.—Mrs. B—— is now complaining of rheumatic pains. Since the discontinuance of treatment the menses have been natural as to time and quantity, and the local feelings of discomfort have not returned. In a word, she has felt perfectly well in every respect.

CASE CCCXII.

Congestion of Uterus, Ovaries, and Vagina; Hyperæsthesia; Hypertrophy; Erosion; Vaginitis; Vaginismus; Vascular Tumor; Dysmenorrhœa; Leucorrhœa; Bronchocele; Recovery; Pregnancy.

F. J——, æt. 28, and married eight years, the mother of two children, but never the subject of a miscarriage, presented herself January 8th, 1863. Her second labor, that occurred four and a half years ago, though tedious, was terminated by the natural efforts, and the lochia, though every needful care was exercised, were, after delivery, suppressed seven days, but were, after their reappearance, prolonged six weeks. On convalescence being established, she was, according to her statement, attacked with falling of the womb, which now during active exercise projects from the external parts. Two physicians have each attended her a length of time, one of whom thought that her lungs, and the other that her liver was affected.

She suffers from weakness of the nerves, loss of appetite, disorder of the liver, and torpor of the bowels, and is very anæmic, and much prostrated, and yet a deceptive flush of the face gives her the semblance of health. A year ago the past winter, the thyroid body began to grow, and now swelling during the act of menstruation, but shrinking in the interval, it has become permanently enlarged.

She has a copious leucorrhœal discharge, pain in the last lumbar vertebra and sacrum, over the hips, and down the thighs, acute tenderness in the iliac and hypogastric regions, and bearing-down sensations on walking or otherwise exerting herself. The catamenia are too frequent and copious, and are attended with great pain and an aggravation of all her symptoms.

Examination by Touch.—There is no prolapsus of the uterus, bladder, or vagina, but an increased size and an exalted sensibility of the uterus.

Examination by Speculum.—The cervix is swollen and of a bright-red color; the os abraded and giving issue to a copious secretion; the vagina inflamed, filled with mucus and pus, and dotted with the apices of the congested papillæ, and the meatus urinarius occupied by a vascular tumor which is acutely sensitive.

The pain attending the examination was agonizing. It rendered the patient wild, almost frantic, and seemed on the point of inducing a hysteric attack. This pain, excited by the gentlest touch, was seated at the introitus vulvæ.

As it was not deemed practicable, on account of the profound erethism under which this patient labored, to treat her at the *Clinique*, she was admitted into the Hospital.

July 7.—Two leeches were applied. These gave great pain and excited a train of nervous symptoms that continued several hours.

July 11.—The leeching was repeated.

July 20.—Caustic was applied to the cervical cavity.

Feeling much relieved at this date, she returned home and attended the *Clinique* as an out-door patient; and yet such extreme nervous commotion was subsequently aroused, both by leeching and scarification, that she was obliged, on several occasions, to remain over night in the Hospital.

July 28.—The menses returned the past week at the proper time, continued six days, and were not excessive. The pelvic distress, however, was considerable, and the swelling of the bronchocele marked. The local disease appears to the eye the same as at the first visit. Applied two leeches.

Aug. 3 *and* 11.—Prescribed a ferruginous tonic.

Aug. 21.—She has just recovered from her menses. Applied two leeches.

Aug. 25.—Prescribed colombo and iron.

Sept. 4.—Prescribed a cough-mixture.

Sept. 7.—The congestion of the uterus, excepting that of the mucous glands, is removed. Scarified.

Sept. 29.—Scarified.

Nov. 9.—The patient is greatly improved. Applied caustic.

Nov. 19.—Applied caustic to the inner cervix, and also the acid nitrate of mercury to the vascular tumor.

Subsequent to the last date the patient, as she felt very much better, made irregular and infrequent visits.

She came once in December, twice in January, twice in February, once in April, and once in June, when she was dismissed cured. At these visits the knife was used two and the caustic four times. During the treatment, in addition to the bitters and iron, previously mentioned, the employment of laxatives was required much of the time, and of blue mass on several occasions.

Nov. 29, 1864.—The patient has returned on account of a slight gastric disorder. She is free from all her old symptoms, and feels as well as ever in her life. The thyroid body, scarcely noticeable at ordinary times, still becomes somewhat tumid during menstruation.

Jan. 26, 1867.—Mrs. J——, until recently, enjoyed uninterrupted health, and was a year and four months since delivered of a living child at term. The catamenia, reappearing five months ago, were normal the first two periods, but afterward excessive and prolonged. With the menorrhagia, the leucorrhœal discharge returned, and, in a measure, the pelvic discomfort formerly experienced. Her courses at the last period continued seven days and were very copious, and then returning after an absence of two weeks, are now as free as before. She was directed to take the solution of the persulphate of iron, and whilst the flow continued, to remain in bed and use cold or iced drinks. This treatment was doubtless efficacious, as she did not subsequently return.

Commentary.—This case presents an example of womb-

disease of the severest type to which the child-bearing woman is subject; yet by local depletion, the restoration of the uterus to a normal condition was prompt and perfect. The completeness of the cure is testified to not only by the permanent restoration of her health and the continued absence of local disorder, but by the subsequent pregnancy, which completed its proper period, and left the uterus in a healthy state. The return of the menses, as is often seen when the female has become weakened by prolonged lactation, was marked by an excessive physiological congestion of the uterus, and the return of many of her former symptoms. The iron, however, checking the flow by its astringent properties, and giving tone to the vascular system by the improved quality of the blood, dispersed, as seems highly probable, this incipient congestion, and restored the pelvic circulation to its normal volume and force.

CASE CCCXIII.

Congestion of Uterus, Ovaries, and Vagina; Hyperæsthesia; Hypertrophy; Anteversion; Menorrhagia; Dysmenorrhœa; Leucorrhœa; Epilepsy; Febris; Recovery.

Mrs. P——, æt. 29 and divorced, the mother of three children, the first born at term, the second at six and a half months, and the third at eight months, was admitted into the Hospital, 1864. She has not been well since her third confinement, four years ago. The child was born on Friday, and yet, by a culpable neglect, or a strange ignorance on the part of her medical attendant, the placenta was suffered to remain undelivered until the following Monday, when, through the solicitation of her friends, another physician was summoned to her assistance. Notwithstanding the placenta, on its removal, was a putrescent mass, no serious illness was induced by its long retention. The milk, even, appeared at the usual time, and was in sufficient abundance to satisfy the child. Subsequent to this confinement, however, she did not, though originally strong and active, regain her health, but became weak, nervous, and subject to epileptiform attacks that usually recurred every second or third week, but occasionally as often as every third or fourth day.

Much of the time the past four and a half years she has been under the care of Dr. ——, who prescribed a variety of tonic medicines and vaginal injections, and employed leeches, fomentations, liniments, and blisters to the hypogastrium, and cups and blisters to the sacrum. Her health, however, has, in spite of all these means, continued to deteriorate, and she has the past month and a half been obliged to keep her bed. Her sickness, on admission into the Hospital, was attended with febrile excitement, extreme nervousness, neuralgic pains, preternatural wakefulness, loaded tongue, flatulent distention of the bowels, hardness and tenderness in the iliac and hypogastric regions, pressure and weight at the pelvic floor, and great pain in the back, over the hips, and down the thighs and legs posteriorly. These symptoms, that were by her physician mistaken for those of remittent fever, and treated as such with mercurials in divided doses, should have sufficed to lead him to the conclusion, or, at least, to the suspicion, that congestion of the uterus was the source of her many and distressing ailments. Indeed, the constitutional reactions and the local disorders were so distinctive as to indicate unmistakably that not only the uterus, but the other genital organs also, were involved in a high and active grade of congestion, and that this congestion had, by eventuating in an effusion of blood or serum into the cellular tissue, terminated in an actual phlegmonous inflammation.

Previous to her present attack she had pain in the back and over the hips, pain and tenderness at the lower front portion of the abdomen, and a thick, yellow-colored, and copious leucorrhœa. The courses appeared at the proper time, but persisted from seven to eight days, and were clotted and attended with excruciating suffering. The pelvic distress, present at all times, was rendered much worse by menstruation, which always excited severe general and local symptoms, and twice the past two years induced an attack, similar to but less violent than the one for which she is now under treatment. She has seldom the last twelve months been able to take active exercise, or even occupy herself in any light employment, and she has, weeks at a time, been confined to her bed.

Examination by Touch and Palpation.—The abdomen along the brim of the pelvis is hard, elastic, and prominent, and has a neuralgic sensibility, especially above the pubic bones. The uterus is three or four times larger than normal; falls forward on the bladder; has an elevated temperature, and is acutely alive to the gentlest touch. The vagina has only a slight increase of heat and sensibility.

Examination by Speculum.—The cervix is swollen, rounded, and of a heightened color; the os is bounded by a bright-red rim, but is not eroded; a clear, albuminous, and profuse secretion flows from the inner cervix; the vagina has a dusky color from the engorgement of its vascular layer, and the epithelium is undergoing a rapid desquamation; but the mucous membrane is not inflamed.

Any manipulation, however gentle, gave the patient such intolerable pain, and rendered her so unmanageable, that it was necessary to employ an anæsthetic, before these examinations could be made in a complete and satisfactory manner.

This patient remained three weeks in the Hospital, and then was transferred to the out-door department. The general remedies at the outset consisted of morphine to quell the pain, quiet the nervousness, and produce sleep, of laxatives to unload the bowels, and, after the subsidence of the fever, of tonics, principally iron and bitters, to promote the appetite, quicken assimilation, enrich the blood, and strengthen the nerves.

The local treatment was at first restricted to depletion, two leeches being applied to the cervix every fifth or sixth day. The leech-bites bled freely, and instead of increasing the debility that, from defective nutrition and prolonged suffering, was profound, wrought a favorable change, sudden and remarkable, not only in the local but also in the constitutional symptoms. The first and second leechings, by breaking the fever and lessening the neuralgic pains, brought a degree of comfort, a measure of relief, to which she had long been a stranger. It seemed as though a load had been removed, a thorn extracted from the festering flesh. Now, each organ being relieved of the more painful, nervous irradiations, began to perform its office, and the genitalia being supplied by a less abundant

flow of blood, began to lose their preternatural excitability and resume their normal condition In short, the convalescence, from this time onward, progressed without interruption and with singular rapidity. The loss of blood subdued the uterine, ovarian, and vaginal congestion in three weeks' time. As the os, however, still retained its bright-red color, scarification was commenced and repeated until the case was reduced to a simple uterine catarrh. To complete the cure, caustic was subsequently introduced into the cavity of the neck as long as the Nabothean glands continued to form an excessive secretion.

In the brief period of three and a half months this patient, who, in spite of the constitutional treatment so perseveringly followed, had suffered so continuously and so profoundly, was dismissed, cured of the womb-disease, and restored in all other respects to a perfect state of health. The cure, a fortunate result under the circumstances, was not deceptive but permanent, at least, for several months thereafter.

June, 1871.—Mrs. P—— has continued free from uterine symptoms and epileptic attacks to this date. Her health, though she is obliged to obtain her living by the needle, has been uniformly good since she was under treatment.

Commentary.—This case, like most others in this class, refutes conclusively the doctrine that womb-disease is of an inflammatory nature, or has any analogy, even the most remote, to the morbid states of other organs of the body. Beyond a doubt, a congestion, of the intensity and persistency here seen, one so active and violent that it seemed to have overleaped the bounds of a simple fulness of the blood-vessels, would, in any other organs than the genital, have eventuated in inflammation, and the inflammation in certain lesions; and yet it is observed that this patient's disease yielded promptly to local depletion, a result quite inexplicable had inflammation previously existed, and produced, as it would, organic changes of structure.

CASE CCCXIV.

Congestion of Uterus, Ovaries, and Vagina; Hypertrophy; Hyperæsthesia; Retroflexion and Retroversion; Prolapsus Uteri et Vesicæ; Vaginitis; Pruritus; Dysmenorrhœa; Leucorrhœa; Febris; Recovery.

E. F——, æt. 30 and married, the mother of one child and the subject of a miscarriage at the third month, came to the *Clinique* December 3d, 1864. She has been ill since the miscarriage in June last, and suffers from the following pelvic symptoms—a leucorrhœal discharge, pain in the back and through the left hip, pain and tenderness in the left iliac fossa, and burning, itching, and scalding sensations in the vagina. The catamenia have an interval of from two to four weeks, and are natural in quantity and duration, but are painful when about to appear. She has no weight, pressure, tenesmus, or other feeling in the pelvis, indicative of displacement of the uterus.

She is in good flesh, has a fresh, florid countenance, and relishes her food, but is troubled with constipation, flatulence, great nervous irritability, and a morning sickness like that of pregnancy.

Examination by Touch.—The uterus is prolapsed and retroflexed, but is not increased in size; and the bladder fills the anterior part of the vagina, but the cervix holds its proper relation to the pelvic axes.

Examination by Speculum.—There exist increased redness of the cervical and vaginal mucous membranes, and congestion of the os and inner cervix, but no erosion.

Dec. 3.—Applied caustic.

Dec. 8.—Applied a leech.

Dec. 19.—The menses were present the past week. Scarified.

Dec. 22.—The patient feels worse. Scarified.

Dec. 29.—All the symptoms are increased. Scarified.

Jan. 3, 1865.—Applied a leech.

Jan. 12.—The symptoms are greatly improved. Scarified.

Jan. 17.—Scarified.

Feb. 4.—Applied caustic.

During the above time, to obviate the constipation and flatulence, laxatives and aromatics were given.

Feb. 10.—Although at the last examination there only remained a trivial albuminous discharge, and the patient was relieved of all unpleasant feelings, both general and local; yet she is now very ill indeed, and with difficulty reached the Hospital. A few days since, just previous to a monthly period, she fell from a step-ladder; and then directly, the pelvic pain and distress were renewed. These symptoms becoming each day more and more severe, are now well-nigh intolerable, and transcend a hundred-fold those she experienced in the first instance.

Another fact of more importance, perhaps, than this mishap to which she attributed her relapse, was the return of her husband from sea the first of the present month; an event that would be apt to reinduce a congestive condition in a uterus so recently diseased, inasmuch as sexual congress after a long continence has the effect, when excessive, to signalize the next monthly period by a preternatural physiological congestion. By the operation of these two causes in conjunction with flexure, which has a tendency mechanically to check a proper flow of the catamenia, and consequently to prevent a free unloading of the capillaries, it is easy to comprehend how the uterus, retroflexed and engorged, might be thrown backward by, or even without, any sudden shock. This retroversion still further retarding the recurrent blood, and augmenting the congestion, would scarcely fail to give rise to the very worst form of uterine disease.

The general symptoms are very severe—fever, vomiting, obstinate constipation, tympanites, nervousness, insomnia, and neuralgia; but the local are still more so—pain in the sacrum, through the hips and down the thighs and legs posteriorly, tenderness and pain over the lower third of the abdomen, obstruction in the rectum, preventing the movement of the bowels, pressure, weight, and tension in the pelvis, and frequent and painful calls to pass urine, but no impediment to the flow.

Examination by Touch and Palpation.—The uterus is intolerant of the gentlest manipulation; has an elevated temperature, and by its augmented bulk fills the hollow of the sacrum. The lower third of the abdomen is very sensitive and has an

elastic, drum-like hardness, simulating that found in puerperal metritis.

The examination being conducted without the aid of æther or chloroform, was, from the extreme pain excited, incomplete and unsatisfactory.

The patient declining to enter the Hospital, was henceforth attended at her own house.

Feb. 11.—Mrs. F—— being ætherized by an assistant at this date, a thorough investigation was instituted.

Examination by Touch and Palpation.—The uterus lies in the pelvic excavation; the fundus is as low as the cervix, and the two form a pocket-like cavity between them; the uterus is increased to a bulk three or four times greater than normal; the fundus occupies the hollow of the sacrum; the fundus and corpus fill completely the posterior part of the pelvis, and cannot, though slightly movable, be raised out of their unnatural position; the cervix, retaining nearly its proper inclination, is carried forward toward the inner face of the pubic bones, and against the base of the bladder; the abdomen is soft, pliable, and resonant, and nothing abnormal is detected at or above the superior strait.

Examination by Speculum.—The cervix is uniformly enlarged, and has a bright arterial blush; a deep-red circle surrounds the os; the epithelium is not detached; the vagina has a dark, purplish appearance, especially at its upper third, and the epithelial layers are rapidly desquamated.

In this case anodynes were ordered to overcome the sleeplessness, nervous turmoil, and neuralgic pains; salines to open the bowels and reduce the fever; a select, mild diet to suit the captious and deranged stomach; and the recumbent posture to mitigate the tenesmetic, bearing-down pains felt in the pelvis. Two leeches were applied the first visit, and repeated about every sixth day, for the purpose of relieving the congestion of the uterus, ovaries, and coats of the vagina.

The violence of the symptoms, both the general and the local, abated after the second loss of blood. The febrile excitement, nervous irritability, and pelvic pains being in a great measure relieved, she regained a more healthful tone of the stomach, and sufficient strength to sit up a part of the day.

The neuralgic state of the nerves and the fulness of the vessels of the uterus being now essentially lessened, scarification was employed in lieu of leeching, and then, when the morbid action had receded still further, and was limited to the mucous glands of the cervical canal, caustic was applied.

In a period but little more than two months her health was completely restored. The uterus, though it remained prolapsed, retroflexed, and retroverted, regained its normal size, lost its supersensitiveness, became freely movable in all directions, executed the office of menstruation without unusual pain, and did not infringe on the rights of its neighbors.

April 29.—Mrs F—— continues well in every respect.

Commentary.—In this, as in the previous case, the uterine disease presented all the well-defined symptoms that are indicative in other organs of inflammation, but still the vascular action did not extend beyond a congestion. The prompt effect produced by the local loss of blood was most signal, and, what to many may seem even more remarkable, this loss removed not only the quasi-symptoms of inflammation, but also those generally thought peculiar to, and distinctive of, prolapsus, flexion, and retroversion, notwithstanding the first two of these displacements remained without material change. Indeed, all the pelvic disorders disappeared, and even the menstruation became painless and, in every other particular, normal. This result, so gratifying, and attained in such a brief period, proves that this patient's symptoms were due wholly to the congestion of the internal genitalia, and not to the prolapsus, retroflexion, and retroversion, which did not, after a normal circulation was restored, interfere with the functions of the uterus, or disturb the bladder, vagina, or rectum.

CASE CCCXV.

Chancre on Os Uteri; Congestion of Uterus, Ovaries, and Vagina; Hyperæsthesia; Trismus; Paralysis; Trance; Phlegmatia Dolens; Ovarian Tumor; Pregnancy; Recovery.

Mrs. H——, about 32 years of age, and of a vigorous constitution, the mother of several children, contracted syphilis from

her husband, and was treated three or four weeks with mercurials before admission into the Hospital.

A chancre was seated on the anterior lip of the os uteri, and instead of cicatrizing under general or local treatment, many expedients being tried, remained open, and in time lighted up a grade of pelvic congestion, and a species of nerve-erethism, the least remediable and the most distressing of any that it has ever in gynæcological practice been my misfortune to encounter. Leeching, scarification, and various kinds of applications not only had no beneficial effect, but invariably did harm by inducing, immediately on their employment, through sympathetic reaction, the most violent and intractable disorders —exalted states of nerve-erethism—that effectually forbade the local treatment for days or weeks thereafter. Persistent efforts were also made to reach the disease by constitutional remedies, particularly the anti-syphilitic, yet these, equally with the local appliances, were of no avail.

At one time the patient lay several days in a trance, a counterfeit death, and though conscious, as was thought, of what passed around her, was incapable of motion, and insensible to pain, the slightest response not being elicited by any mode of irritation, however severe; at another, she was seized with trismus, and then no reasonable amount of force could separate her teeth; at another, she was suddenly prostrated, and deprived of full command over the muscles, a state of hysterical semi-paralysis, and at all times she suffered from an extreme irritability of the spinal centres that was the occasion of a host of singular, nameless, and ever-changing nerve-disorders. When the patient had suffered more than three years in this manner, there arose hardness, tenderness, and enlargement of the abdomen along the superior border of the pubic bones, especially at the left iliac region, and then, shortly afterward, swelling of and pain in the left thigh and leg. This swelling and pain, that presented the features characteristic of phlegmatia dolens, subsided after several weeks; whereupon the limb resumed its natural appearance, except that it still remained more cumbersome and bulky than normal, and was covered with varicose veins. The tenseness and preternatural sensi-

bility, however, at the left iliac region, did not, though it became much less decided, wholly disappear, and after a time this portion of the abdomen began sensibly to enlarge. Eventually, in this locality, an ovarian tumor was detected that continued to grow until it distended the abdomen to the size attained in pregnancy at term. As this morbid growth increased, the uterine disease subsided, and her health improved so decidedly, that at length she had no source of complaint other than the tumor, and the annoyance caused by the varicose veins, and an ulcer that had appeared on the affected leg.

A physical exploration revealed the fact that the uterine congestion was subdued, and that a slightly excessive glandular secretion alone remained.

Although conception took place when the ovarian tumor had reached its full development, she nevertheless carried the child to the end of the ninth month, and was confined in the Hospital during the winter of 1866. In the earlier months of utero-gestation, this tumor decreased slowly, but in the later, when the uterus had risen into the abdominal cavity, shrunk so rapidly, as to be with difficulty detected. After delivery, the ovary, a firm, circumscribed body, the size of the closed hand, was readily grasped and moved in all directions. Directly after her confinement, however, the ovary began to grow, and in August following had increased with such rapidity as to regain one half its original dimensions. At this time, her health being restored, and the constitutional and local symptoms that had so long tormented her being removed, excepting those due to the size of this parasite, she sailed with her husband and children for England, her native country.

Commentary.—In this case, few physicians would, in the face of such profound general and local disorders, have questioned the inflammatory nature of the disease, and many, perhaps most, would at least have taken the occurrence of phlegmatia dolens as a positive proof of either hysteritis or ovaritis. Such an opinion, consonant as it is with the phenomena presented, is, however, invalidated and, to my mind, entirely refuted by the absence of those morbid changes—the production of pus, the destruction of tissue, and the formation of adhesions—that

would most assuredly have unfitted the uterus for the evolutions of pregnancy, and also by the existence of singular variations in the state of the diseased ovary, which, at the beginning, grew to an extreme extent, then, on the occurrence of conception, receded to narrow limits, and eventually, after the birth of the child, sprang into renewed life and retraced with rapid steps the ground that had been lost.

That congestion, and not inflammation, was the morbid action present in the ovary, is conclusively shown by its growth, since this, a quickened assimilation, would naturally attend a more active circulation, but could not, by any known law of the economy, result from the phlogistic process.

The ovaries are less prone than the uterus to inflammation, and less liable, notwithstanding their office necessitates the toleration, each month, of a physiological hyperæmia, to participate in the congestive conditions affecting the other internal genital organs. Nevertheless, a considerable increase in the uterine circulation always augments the ovarian, and renders the one, in a measure, interdependent on the other.

The attack of phlegmatia dolens was the result, probably, of the pressure made on the iliac vein by the ovary, before it was sufficiently developed to rise by its bulk into the cavity of the abdomen. In this or some other way there was, through the disease present in the pelvis, an impediment offered to the returning venous current, whereby the obstruction and inflammation of the femoral vein and the pain and swelling of the limb were occasioned.

The growth of the ovarium by presenting a centre of nervous and vascular excitement, and absorbing the nerve-power and blood-elements, cured the uterine disease by a sort of robbery, on the well-known principle that it is not possible for two such active and extensive morbid processes to go on in close proximity, without one taking the lead and suppressing the other.

When this increment of the ovary had concentrated an active morbid nutrition, reduced all opposing forces to subjection, and was on the point of achieving an easy victory over the body by monopolizing its vital juices, the physiological stimulus of pregnancy, drawing by a higher power the nervous

and vascular energies to the uterus, not only checked the parasitic growth, but caused it to give place and recede within narrow limits; and yet, as soon as the conquering power was withdrawn, and the old vice freed from its bonds, the encroachments of the ovary on the rights of its neighbors were as lawless as ever, and its victories more decided and rapid than before.

This case, like many others, shows the profound reaction of uterine disease on the cerebro-spinal axis, and the grave disorders produced thereby; and also, that the genitalia are the centre of sympathies in the female economy, and influence the whole system by a special power unknown to other organs. The paralysis, tetanus, and simulated death here seen, attest the truth of this assertion, which is further corroborated by the serious nerve-aberrations met with, almost universally, in the severer cases of womb-disease.

CASE CCCXVI.

Supposed Pregnancy; Congestion of Uterus, Ovaries, and Vagina; Hypertrophy; Hyperæsthesia; Prolapsus Uteri et Vesicæ; Erosion; Vaginitis; Vaginismus; Amenorrhœa.

M. A——, æt. 32, a widow, and the mother of four children, but never the subject of a miscarriage, came to the *Clinique* October 5th, 1864.

She is not deficient in flesh and blood, but is rather corpulent and florid. Her liver, stomach, and bowels are in good condition, and each organ performs its office normally; in fact, she seems in every respect healthy, unless nervousness might be considered a proof to the contrary.

She was confined two years ago, and now her menses have been absent six months. Her breasts are larger and warmer than natural, the milk-tubes are very perceptible, the areolæ have a deepened color, and their follicles are developed. She has a full, strong pulse, like that observed in pregnancy, and complaining of nothing, is alone anxious about the prolonged absence of the menses.

Modesty forbidding an examination, though insisted upon, it

was concluded from this fact, coupled with the above symptoms, that pregnancy existed, the consciousness of which made her over-scrupulous. She was dismissed.

Oct. 13.—The patient returning signifies her willingness to allow an examination.

Examination by Touch.—The uterus is more sensitive and slightly larger than normal, and lies at a low level in the pelvis; the cervix rests near the coccyx, and the *bas fond* of the bladder fills the anterior part of the vagina, and feels like a soft doughy tumor.

Examination by Speculum.—The cervix is swollen, of a deep-red tint, and very sensitive, scarcely tolerating the lightest touch; the os is abraded; the inner cervix is congested, and yet, what is unusual, has no excess of secretion; the vagina throughout its entire length, but particularly at its entrance, contracts spasmodically, and the vaginal mucous membrane presents at its upper portion, a deeper color than normal, and is rapidly throwing off the epithelium.

The patient complained of considerable pain during the tactile examination, but during the instrumental, screamed outright, and became almost uncontrollable, as though in great torture. The resort, however, to an anæsthetic was avoided.

The diagnosis of pregnancy, formerly entertained on the strength of the general signs—perfect health, full, strong pulse, and changes in the breasts—was now abandoned for that of congestion of the internal genitalia.

The patient states that she has suffered from uterine symptoms since the birth of her second child, seven and a half years ago.

Scarification was practised Oct. 13th, 20th, 29th, Nov. 5th, 12th, 19th, and Dec. 6th. During this period the sulphate of magnesia and the bitartrate of potash, in combination, were given continuously for the purpose of reducing the richness and plasticity of her blood.

Dec. 10.—The local disease remains unchanged, an ill success, arising either from the continued absence of the menses, or the slight hæmorrhage attending the scarification. As in this instance the knife failed to relieve the congestion, which, by its

presence, perpetuated both the amenorrhœa and the pelvic disorders, two leeches were applied.

Dec. 20.—The loss of blood by the leeches was considerable. She feels very much better, indeed, nearly well. Scarified.

Dec. 29.—All the old symptoms are reëxcited. Applied two leeches.

Commentary.—This case is instructive, showing, as it does, the relationship that exists between a pathological and a physiological congestion of the uterus, the one reacting on the breasts in a manner similar to the other. It is likewise worthy of note that scarification, though used faithfully for a considerable period of time, was inefficient, as it always is in congestion of the uterus, ovaries, and vagina when the cuts are followed by a trifling hæmorrhage, and also that leeching gave prompt relief by a more generous loss of blood.

The ultimate result, however, is unknown, as the patient did not return after the 29th of December.

CASE CCCXVII.

Congestion of Uterus, Ovaries, and Vagina; Hyperæsthesia, Prolapsus Uteri; Vaginitis; Pruritus; Vaginismus; Leucorrhœa; Recovery; Pregnancy.

M. B——, æt. 24 and married, the mother of one child four years old, but never the subject of a miscarriage, came to the *Clinique* July, 1863. She is greatly debilitated, excessively nervous, and very despondent, and has no energy or ambition to exert herself. There are present, gastric disorder, depraved secretions, loss of appetite, torpor of the liver, constipation, and a yellow, bronzed tinge of the skin. The menses return every three weeks, last three days, and are very scanty, but not painful. There are, through her back and over her hips, the distressing feelings peculiar to uterine disease. These feelings, not specially increased when she is on her feet, are at times, whether she is standing or lying, intensified, and accompanied with those of pressure and tension at the pelvic outlet. The vaginal discharge is free, has a yellowish color and an acrid nature, and occasions itching and scalding sensations in the vagina.

Examination by Touch.—The uterus lies in the axis of the excavation, and is extra-sensitive, but not hypertrophied, and the cervix presents at the introitus.

Examination by Speculum.—The os has the size and shape peculiar to the virgin uterus, and its lips have an increased redness, but are not expanded and everted; the cervical glands pour out a copious secretion, and the vaginal mucous membrane has a deepened color.

The instrumental examination gave great pain, and excited spasm of the sphincter and walls of the vagina. At this time the pelvic disorder was thought due to the congestion of the Nabothean glands, and the heightened color of the vagina to the subsidence of the womb, but not, as it proved afterward, to a general congestion of the internal genital organs.

The constitutional remedies were bitters, iron, and laxatives, together with occasional doses of blue mass. Caustic was applied July 20th, 30th, Aug. 7th, 14th, and 25th. At the last date the leucorrhœa had ceased, and the congestion of the inner cervix was apparently removed, and yet her health was not restored, nor, in fact, much improved. She made infrequent visits from Aug. 25th to Nov. 16th, and took general remedies alone. These were given for the purpose of improving the hepatic secretion, restoring the digestive power, and keeping up a soluble condition of the bowels. In the mean time the menses failed in September, and then on returning were more scanty than ever before. In other respects, also, the patient instead of gaining, lost ground, and at the last visit felt as ill as at the first.

Examination by Speculum.—The Nabothean glands secrete an excessive amount of mucus; the cervical and vaginal mucous membranes are redder than normal, and the sphincter and muscular coats of the vagina contract spasmodically as at the first examination.

Nov. 16.—Applied two leeches.

Nov. 23, 1863, *to March* 8, 1864.—During this interval, as the cervical and the vaginal disease appeared removed, the constitutional treatment was employed singly. The annoying pelvic sensations, that still continued, but in a modified degree, were

attributed to the prolapsus, for the relief of which a pessary was introduced March 15th.

March 23.—The pessary caused involuntary bearing-down efforts, and was in a few days expelled with labor-like pains. Whilst this instrument remained in position, her symptoms, both the general and the local, were greatly aggravated, more especially the hepatic disorder and nervous irritability, and the cervical secretion and vaginal hyperæmia. From the torpor of the liver, the scantiness of the menses, or the presence of the pessary, she was attacked with rectal hæmorrhage, and frequent tenesmetic calls to evacuate the bowels. These symptoms yielded promptly to anodyne enemata.

April 19.—The pessary was readjusted.

May 10.—As the pessary, although it has remained in place the last three weeks, gives no relief, but on the contrary intensifies the general and local symptoms, and occasions a constant desire to force down, it was removed and its use abandoned.

July 25.—She has taken since the last date a combination of taraxacum, rhubarb, bicarbonate of soda, and colombo. This prescription, by correcting the disordered state of her liver, stomach, and bowels, seems to have served a good purpose. A salutary change being thus wrought in digestion and nutrition, she is better in other respects—feels stronger, is less nervous, and suffers but little from pelvic symptoms—but the leucorrhœa still continues unabated. As it seemed impossible to accomplish more by treatment than the advantage already secured, she was dismissed with proper directions as to the care of her health, and advised to continue the above prescription several weeks, but to report whenever occasion might demand.

The patient returning, attended at the *Clinique* Aug. 5th, 18th, 23d, 29th, Sept. 6th, 12th, and 20th.

Aug. 5.—The menses, present the past week, have renewed all her old symptoms, and now she feels as ill as at any previous period.

Examination by Speculum.—The original disease has reappeared in full force.

During August and September the general remedies were continued and the solid nitrate of silver was applied seven

times to the Nabothean glands, and a weak solution of this salt twice to the vaginal mucous membrane. At the last visit, when she interrupted her attendance, the cervical and the vaginal congestion was nearly if not entirely subdued.

April, 1867.—Mrs. B—— reports that she was a month since confined at term of a living child, and that her health was by the later plan of treatment reëstablished, and has to the present time continued perfect in every respect.

Commentary.—In this case there are several points worthy of study—the non-enlargement of the uterus, the virgin shape and size of the os tincæ, the scantiness of the monthly flow, the changeable character of the mucous inflammation, and the aggravation of the pelvic symptoms by the employment of an artificial support.

The multiparous uterus, as is sometimes observed, behaved in this instance, under the stimulus of congestion, precisely like the virgin uterus when it is similarly affected, and presented a form of uterine disease, difficult to detect and more difficult to remove, one that will hereafter be fully described in Class VII. The uterine tissues, it would seem, regaining after delivery the compactness that they always possess previous to conception, did not yield to the distending force of the blood and expand by growth; whence the nerves, imprisoned in dense and engorged walls, became extremely sensitive. On the other hand, this sensitiveness, by exciting a preternatural flow of blood, augmented and perpetuated the congestion.

It should also be observed that the monthly flow was insufficient to relieve the physiological congestion, which was thus prolonged into the menstrual interval as a pathological congestion. This condition, however, though very perceptible directly on the subsidence of the catamenia, could not, after four or five days had elapsed, be detected. It is highly probable that this scantiness of the monthly hæmorrhage, which at the periods so imperfectly unloaded the uterine veins, was the original cause of this woman's illness, and the agency by which it was perpetuated.

It is also seen in this case how the presence of a pessary may, by being an additional source of irritation, increase the

sensibility of the parts with which it comes in contact, and thus aggravate the congestion. Indeed, it will ever be found that an artificial support of any kind whatsoever, is inapplicable in all cases of prolapsus whilst the uterine organs are even slightly congested, and that it is, when employed under such circumstances, almost certain to intensify the symptoms.

The treatment was, at the outset, based upon the assumption that the prolapsus provoked and kept up the pelvic irritation, a conclusion that was, on a more mature experience, proven erroneous. True there was, from the displacement, an obstruction to the return of the venous blood, but yet scarcely enough to induce the general and local disorders here seen, and certainly not enough to originate congestion of the uterus, ovaries, and coats of the vagina.

Whether or not the local treatment would, without the occurrence of conception, have accomplished a permanent cure, admits of doubt. Although the patient was greatly benefited, so much so that she considered herself well, yet it is possible, if not probable, that pregnancy, which happily took place, set in motion those vital evolutions by which morbid action was completely subverted, and the normal condition reëstablished on a sure basis. Impregnation at the close of treatment is always a favorable event, and has in most instances the effect, by inducing a new order of vital activities, to break in upon and revolutionize an active and chronic congestion of the internal genital organs.

CASE CCCXVIII.

Congestion of Uterus, Ovaries, and Vagina; Hypertrophy; Hyperæsthesia; Erosion; Menorrhagia; Dysmenorrhœa; Epilepsy; Intercostal Neuralgia; Angina Pectoris; Asthma; Aphonia; Laryngismus; Recovery.

H. S——, æt. 32, and married eleven years, the mother of four children, but never the subject of a miscarriage, has been complaining since her first confinement, nine years ago, when she had twins. After delivery, she flooded excessively, and then was attacked with uterine inflammation. She has a peculiarly anxious and care-worn countenance, and is in such a

constant state of nerve-suffering, that life itself, bereft of all enjoyment, has become a burden. Several physicians have had her in charge, each of whom turned his attention to the more prominent symptoms, and treated these as diseases, but none proposed a physical exploration, and only one hinted even that uterine disease might possibly coexist, and complicate her other ailments. Having spent her patrimony—a thousand dollars—in the vain search after health, she is at last obliged by poverty to apply for relief at a public charity. Although she has not lost much in flesh and muscular power, nor become anaemic and greatly reduced, like a person laboring under a chronic disease, still she is the victim of a most terrible array of nervous disorders. She has had, the past four years, an epileptic attack within the week following each monthly epoch, and, the three preceding, the like seizures, usually at or about this time; yet, notwithstanding the continuance of this disease for so long a period, her mind is bright and active, and shows no evidence of deterioration. She has likewise suffered from intercostal neuralgia, and been subject to angina pectoris, that frequently assumed a form severe enough to deprive her of the power of speech, and occasionally to prostrate her insensible on the floor. The attacks of epilepsy and angina are always more or less blended, producing a very curious intermixture of symptoms. In addition, she has at various times had, separately or together, attacks of aphonia, asthma, and laryngismus stridulus. There is another symptom which is quite inexplicable—the ribs of the left side become immovably fixed at the times when, from these various nerve-aberrations just mentioned, she is the worst, though at others they freely rise and fall in the act of respiration. She is constipated, and has a capricious appetite; but otherwise, her digestive organs are not particularly disordered.

The menses are too free and frequent, last from twelve to fourteen days, and are attended with much suffering. There are present lumbar pains, extending forward over the hips, and downward along the thighs and legs posteriorly; tenderness in the iliac fossæ; burning, scalding sensations in the vagina; and dragging, pressing feelings in the pelvis on walking.

Examination by Touch.—The uterus is slightly more bulky than normal, but retains its proper level, and the cervix is swollen, rounded, and very sensitive.

The pressure of the finger on the cervix sent a dart of pain to the seat of the neuralgia, and gave the patient a sensation as though a knife were thrust into her side.

Examination by Speculum.—The cervix is increased in size, and has an œdematous, puffy look, and a heightened color; the os is surrounded by a red, abraded border, but is not opened and everted; the upper half of the vagina has a quickened capillary circulation, but is not inflamed, and the cervical secretion is but trivial in amount.

Nov. 1, 1863, to *Jan.* 8, 1864.—Cathartics and tonics were administered, and scarification was practised four times. At the last date, the constitutional symptoms were less severe, and the menses less profuse and painful, but still the uterine congestion remained the same as at first. It was now determined, in order to unload the capillaries, and thereby promote involution, to apply one or more leeches the third or fourth day after the completion of each menstruation. This course was followed until the 24th of August, with great advantage to her nervous system, as shown by the non-recurrence of the asthma, angina pectoris, epilepsy, laryngismus, aphonia, etc., but with little to the womb-disease, as far as could be discovered by the eye. Going into the country at this time, she was absent two months from the *Clinique*.

Nov. 15.—Her health has not been benefited by the change. Of late, she has begun to experience the old feelings, and a few days since she had, directly after menstruating, an epileptic seizure. This was the third only since the commencement of treatment.

Examination by Speculum.—The uterine congestion is much less marked than at any previous examination.

Applied two leeches. The bleeding was moderate, whereas, at the beginning of the treatment, this number induced so liberal a hæmorrhage that one only was subsequently employed. Indeed, on one occasion it was necessary to check the flow with the persulphate of iron.

Nov. 15.—Applied two leeches.

Dec. 3.—Applied one leech.

Feb. 16 *and* 23, 1865.—Applied caustic.

The epilepsy returned again the early part of February. The uterine disease is, excepting the continuance of a slight leucorrhœa, removed, and the patient's health, excepting the recurrence at long intervals of the epileptic attacks, restored.

Commentary.—The reaction of the uterine disease on the nervous system was in this instance most profound, much more so than is seen when a decided enlargement of the uterus is present.

The reason for this difference is apparent. The uterus, following the last labor, involuted to the dense structure of the virgin state, and consequently did not yield to the influx of blood, nor develop, as is the rule in multiparous cases. Hence the uterine nerves, being imprisoned in unyielding walls, irritated by a more active circulation, and pressed upon by the congested vessels, became after a time sensitive beyond measure, and then propagated a like neuralgic state to the ganglionic nerve-centres. That the hyperæsthetic condition of the uterus gave rise to the epilepsy, asthma, angina, laryngismus, aphonia, neuralgia, etc., is shown by these several ailments being, without the aid of special remedies, first relieved, and then removed in proportion to the abatement of the pelvic congestion.

Whether the epilepsy disappeared, continued to recur at long intervals, or returned in force, is not known; but still it is presumed that this disease, though prone to persist when once established, departed with the cause that brought it into existence.

How much the ovaries were involved, did not well appear; but that their circulation was decidedly augmented, is shown by the extensive nervous reactions, that are scarcely ever so widespread as in this case, without a congestion of these organs being also present.

The hyperæmia of the uterus, ovaries, and vagina, resembling so exactly what occurs at stated periods as an intermittent phenomenon, was relieved by a procedure that closely imitates

the spontaneous monthly hæmorrhage; that is to say, the morbid condition being a permanent fulness of the genital vessels, identical with their physiological state during the menstrual *molimen*, the treatment removed the congestion by a local loss of blood, similar to that established by Nature for a like purpose.

CASES CCCXIX.—CCCXXVI. ABBREVIATED.

CASE CCCXIX.

M. M——, æt. 30; married. *Children.*—One. *Abortions.*—None. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; hypertrophy; prolapsus uteri; vaginitis. *Exam. by Touch.*—Uterus, larger than normal, but at proper angle; cervix, near perinæum. *Exam. by Speculum.*—Neck, swollen, and of a deepened color; os, not eroded; vagina, inflamed. *Symptoms.*—Complaining since confinement; menses, irregular, free, clotted, painful, and present from six to seven days; vaginal discharge, copious and lumpy; weakness in back; no pain through hips, or tenderness at brim of pelvis; weight and pressure when exercising; irritability of bladder; pruritus; anæmia; anorexia; insomnia; constipation; a small tubercular deposit in left lung. She was treated recently by Dr. ——, who asserted that the uterine disease was cured. *Duration.*—Three years. *Cause.*—Labor. *Treatment.*—Oct. 25th, 1864, to May 22d, 1865. General remedies; injections of borax; scarification, Oct. 25th; scarification and caustic, Apr. 5th; caustic, Apr. 12th; scarification and caustic, May 12th; scarification, Oct. 24th, Nov. 7th, 14th, 28th, Dec. 14th, Jan. 4th and 11th; caustic, Jan. 18th, Feb. 1st, May 1st, 13th, 28th, Apr. 3d, 24th, and May 22d. *Result.*—Dismissed cured.

July, 1867.—On examination, it is found that the lung-disease has increased, but that the womb-disease has not returned. There are no pelvic symptoms, and the prolapsus, which still exists, gives rise to no inconvenience.

CASE CCCXX.

E. M——, æt. 36; married thirteen years. *Children.*—Seven, last five months old. *Abortions.*—One at fourth month. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; vaginitis. *Exam. by Speculum.*—Neck, swollen, and of bluish color; os, not eroded, but of a deep-red color; vagina, inflamed. *Symptoms.*—Has never menstruated since marriage, being, as she says, "always pregnant;" va-

ginal discharge, the past four years, at all times, but especially during utero-gestation; after last confinement the flow continued a month; lumbar pains; gushes of urine when walking; leucorrhœa; pruritus; tympanites; anæmia; anasarca; bleeding hæmorrhoids; intestinal torpor. *Duration.*—Four years. *Cause.*—Labor. *Treatment.*—One month. Cathartics; tonics; a leech, Aug. 10th and 17th. *Result.*—Discontinued her visits.

As the loss of blood both at and after each operation was considerable, and had the effect to promptly unload the congested vessels, and entirely remove the pelvic symptoms, it is thought that a complete cure was effected.

CASE CCCXXI.

E. H——, æt. 34; married. *Children.*—Two. *Abortions.*—One. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; hypertrophy; vaginitis. *Exam. by Touch.*—Uterus, larger than normal, but in proper position. *Exam. by Speculum.*—Neck, of bright-red color; os, not eroded; vagina, inflamed. *Symptoms.*—Health, poor since second confinement; menses, scanty and infrequent; pain in back and through hips; vaginal discharge; great mental and physical prostration; neuralgia; gastric disorder. *Duration.*—Six years. *Cause.*—Labor. *Treatment.*—Four months. General remedies; injections of borax; leeching; scarification; caustic. *Result.*—Discontinued her visits.

This patient improved rapidly, and was nearly cured when she interrupted her attendance.

On her return to the *Clinique*, some six months later, it was found that she had entirely recovered from the uterine disease, but had not altogether regained her color and strength.

May, 1868.—Mrs. H—— now reports, four years after treatment, that she enjoys perfect health, and is still free from pelvic symptoms.

CASE CCCXXII.

A. G——, æt. 26; married. *Children.*—Two, second four months since. *Abortions.*—None. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; vaginitis. *Exam. by Speculum.*—Neck, of deepened color; os, not eroded; vagina, inflamed, and covered with bright-red points. *Symptoms.*—Health, bad since first confinement, but worse since second; lumbar pains extending over hips and down legs; tenderness in left ovarian region; bearing-down feelings, when exercising; pruritus; no urinary trouble, or vaginal discharge; intestinal

torpor. She was treated, a year and a half ago, by Dr. ——, but not benefited in the least. *Duration.*—Two years. *Cause.*—Labor. *Treatment.*—Laxatives; injections of borax; scarification, once. *Result.*—Made two visits.

CASE CCCXXIII.

G. H——, æt. 30; married. *Children.*—Two, second four years ago. *Abortions.*—None. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; prolapsus uteri; vaginitis. *Exam. by Touch.*—Uterus, low in pelvis, but at normal angle. *Exam. by Speculum.*—Os, not eroded; vagina, inflamed, and supersensitive. *Symptoms.*—Four attacks of dysentery the past two years, one recently; menses return about every fourteen days, and are scanty, light-colored, and painful; pruritus; gastric and hepatic disorder. *Duration.*—Two years. *Cause.*—Dysentery. *Treatment.*—General remedies; scarification, once. *Result.*—Made two visits.

This case illustrates the fact that congestion of the internal genitalia, and inflammation of the vaginal mucous membrane, may arise from severe and prolonged irritation of the rectum.

CASE CCCXXIV.

A. J——, æt. 40; married. *Children.*—Five, last ten years ago. *Abortions.*—None. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; polypus; prolapsus uteri; vaginitis. *Exam. by Touch.*—Uterus, at proper angle; cervix, near perinæum. *Exam. by Speculum.*—Neck, congested, and covered with herpetic vesicles; vagina, inflamed; small mucous polypus, projecting from os. *Symptoms.*—Menses, normal; vaginal discharge; lumbar pains; tenderness in right iliac region; nervousness; appetite, poor; bowels, bound. She has been attended by Dr. ——, who applied leeches to the abdomen, and blisters to the sacrum, and prescribed various kinds of medicine. This treatment rather increased than lessened her sufferings. *Duration.*—Six years. *Cause.*—Polypus. *Treatment.*—May, 1863—Cathartic; polypus removed by torsion. *Result.*—Made one visit.

August.—It is found, on examination, that the uterine congestion, the vesicular eruption, and the mucous inflammation have entirely disappeared. The polypus, the cause of the disease, being removed, Nature had completed the cure.

June, 1865.—Mrs. J—— has continued perfectly well to the present time.

CASE CCCXXV.

M. C——, æt. 25; married. *Children.*—Two. *Abortions.*—Two, one at second month, one at third month. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; hyperæsthesia; vaginitis. *Exam. by Speculum*—Neck, of deepened color, and sensitive; os, eroded; vagina, inflamed. *Symptoms.*—Complaining since second miscarriage; menses, scanty, and irregular; leucorrhœal discharge, copious, and of a yellow color; pain in back and over hips; pain and tenderness over pubes, and in right iliac fossa; pruritus; stomach, disordered; bowels, bound; patient, full-blooded and corpulent. *Duration.*—Nine months. *Cause.*—Abortion. *Treatment.*—June 24th to July 11th, 1863. Cathartics; scarification, June 24th; two leeches, July 11th. *Result.*—Made two visits.

Dec. 3, 1864.—Mrs. C—— recovered her health from the treatment, became pregnant, and was recently confined at term. She is now free from pelvic symptoms.

CASE CCCXXVI.

L. H——, æt. 21; married. *Children.*—None. *Abortions.*—Two at fourth month. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; hypertrophy; vaginitis. *Exam. by Touch.*—Uterus, larger than normal. *Exam. by Speculum*—Neck, swollen, congested, and dotted over with deep-red points; os, not eroded; vagina, inflamed. *Symptoms.*—Pelvic disorders date from second miscarriage; menses nearly constant, only intermitting a day or two at a time; flow clotted and expelled with labor-like pains; pelvic symptoms, otherwise trivial; blood, thin; appetite, poor; bowels, flatulent and confined. *Duration.*—Eight months. *Cause.*—Abortion. *Treatment.*—Aug. 1st to Sept. 29. Tonic; laxative; one leech. *Result.*—Discontinued her visits.

The menses, during her attendance, became natural as to time, duration, quantity, and quality.

Mrs. H—— reported, some months after treatment, that her health was restored in every respect.

PASSIVE CONGESTION OF INTERNAL GENITALIA FROM NON-INVOLUTION.

CASES CCCXXVII. AND CCCXXVIII. ABBREVIATED.

CASE CCCXXVII.

R. McD——, æt. 25; married. *Children.*—Three. *Abortions.*—None. *Diagnosis.*—Congestion and enlargement of uterus; congestion of ovaries and vagina; prolapsus uteri et vesicæ; vaginitis. *Exam. by Touch.*—Uterus, twice its natural size; cervix, on floor of pelvis; bladder, filling vagina. *Exam. by Speculum.*—Neck, swollen and congested; os, not eroded, but very vascular, bleeding on touch; vagina, inflamed, and covered with deep-red points. *Symptoms.*—Two weeks after last confinement, fell down stairs; a "show" appeared a few days since; lumbar pains, extending over left hip; tenderness in right iliac fossa; a sense of weight and pressure at pelvic outlet; vaginal discharge; pruritus; irritability of bladder; debility; constipation. *Duration.*—Two months. *Cause.*—Labor. *Treatment.*—Tonic; scarification, once. *Result.*—Made one visit.

CASE CCCXXVIII.

Mrs. G——, æt. 24; married. *Children.*—Two. *Abortions.*—Unknown. *Diagnosis.*—Congestion and enlargement of uterus; congestion of ovaries and vagina; vaginitis. *Exam. by Touch.*—Uterus, larger than normal, but holding proper position. *Exam. by Speculum.*—Neck, swollen and congested; os, eroded; vagina, inflamed. *Symptoms.*—No lochial discharge after birth of second child; lumbar pains; forcing, expulsive feelings in pelvis on exercise; pain and tenderness in right ovarian region; burning, itching sensations in vagina; health much impaired. *Duration.*—Three months *Cause.*—Suppressio lochium. *Treatment.*—July and August, 1861. Tonics; injections of borax; scarification, three times; caustic, twice. *Result.*—Discontinued her visits.

This patient, when last at the *Clinique*, was nearly cured of the uterine disease.

September, 1864.—Mrs. G—— had, since she was under treatment, been entirely free from pelvic symptoms, until the last three or four weeks. She fears that the womb-disease is about to return. It is found, however, on examination, that there is only a slight excess of the cervical secretion. Caustic was applied at this visit. Subsequently she failed to return.

CHAPTER X.

CLASS VII.—NULLIPARÆ.

Congestion of the Cervical Canal, Congestion of the Uterus, Ovaries, and Erectile Coat of the Vagina, Mucous Inflammation of the Vagina, and Vaginismus.

Symptoms, General, Local—Examination by Touch *per Vaginam*, by Touch *per Rectum*, by Touch and Palpation, by Sound, by Speculum—Non-Hypertrophy and Non-Exfoliation of True Uterine Mucous Membrane—Retroversion—Flexion—Anteflexion and Retroversion—Retroflexion and Retroversion—Cases CCCXXIX.-CCCXXXVIII. Complete—Cases CCCXXXIX.-CCCLVII. Abbreviated.

In the child-bearing female benign disease of the uterus extends by a regular progression, and is characterized by special general and local phenomena as one by one the genital organs succumb, and step by step, morbid action attains its maximum of intensity.

In the unfruitful female, on the contrary, there are no intermediate stages, but a sudden and abrupt transition from mild to severe, from an insignificant hyperæmia of the cervical mucous folds, Class I., to a profound congestion of the uterus, ovaries, and vaginal coats, Class VII.

In the former womb-disease is usually simple in character and limited in extent, and, after a longer or a shorter time, responds to treatment; but in the latter, it is always wide-spread and intractable, and too often sets at defiance the resources of the medical art.

The virgin uterus, when subjected to morbid stimuli, is, as fully elucidated under the head of pathology and ætiology, the centre of the same nervous and vascular influx that occasions the many changes observed in the multiparous uterus, and yet its venous canals do not expand, its fibre-germs develop, or its tissues relax, and allow interstitial infiltration; in a word, the initial movements of growth do not take place.

Indeed, as demonstrated by the cases recorded in this work, benign disease ever follows the lead of the normal processes that attend menstruation and conception; the first preparing the way for congestion, by rendering it possible for the physiological hyperæmia to settle into the pathological, and the second for hypertrophy, by awakening the cell-life of the uterus, and impressing a supplementary law upon its organization, so that a continuous influx of nerve-energy and blood-force, although morbid, induces muscular growth precisely as in pregnancy.

Hence, as the virgin uterus has never been developed by pregnancy, its body is not hypertrophied, but only slightly enlarged by a fulness of its vessels, its neck is not changed in size and shape, but retains its normal bulk and contour, and its mouth is not everted or expanded, but rather is more closed by the spastic contraction of its sphincter; and yet, strange to say, these various conditions, apparently so favorable, and often such as fail to offer the more ordinary evidences of disease, are serious if not insurmountable impediments to the success of our remedial appliances. In fact, whenever the structure of the multiparous uterus, as occasionally happens, retains its natural density, and resists expansion like that of the nulliparous, the same neuralgic state is awakened, and the same rebelliousness to treatment is manifested. Cases of this character, as illustrated in the last chapter, present most of the peculiarities of those that now occupy our attention—are in reality connecting links between Classes VI. and VII.—and demonstrate, by their inordinate nerve-turmoils, the advantages accruing from a softened, relaxed, and hypertrophied tissue, whenever the uterus is the theatre of an active morbid hyperæmia.

The uterine nerves, when imprisoned in dense walls, overstimulated by an excess of blood, and thus made the centre of excruciating neuralgic pains, will rapidly draw the ovarian and vaginal into sympathy; whereupon each of the three nervous divisions becoming equally excited and overwrought, the entire genital system is the point of confluence of many rushing arterial streams, that distend the capillaries to repletion, and strain the nerves to the highest tension.

The disorders of the general nervous system originating from such unwonted pelvic commotion are of the most grave and serious import, and violent and obstinate character, transcending by far those met with under other possible contingencies.

The cervical congestion being in nulliparæ restricted within circumscribed limits, is too small in amount to disturb the normal evolution and consolidation of the epithelial cells; but if the cervix, as occurs in exceptional cases, be slightly expanded, and thus allow of greater fulness of its substance, and particularly of its mucous folds, these cells will, by the increased stimulus, be hurried forward, transformed into mucus, or mucopus, and thrown off, and then, as a result, the os will be denuded, a condition resembling in cause and effect what is observed in multiparæ. The papillæ, thus laid bare and deprived of protection, enlarge as in multiparous cases; but, being seated on a firm instead of a yielding base, and fed by arteries excited by a greater nervous irritability than is common in the hypertrophied uterus, they shoot above the surface in velvety prominences that conceal the os, which nevertheless still retains its normal calibre.

Whatever has heretofore been said in regard to uterine, ovarian, and vaginal congestion in multiparæ, is equally applicable to nulliparæ, except in certain particulars, that will now receive attention.

If the uterus relax and enlarge proportionately to the increase of the congestion, the nerves will still be afforded ample space, and will not, consequently, become the seat of an acute supersensitiveness; in truth, the simple act of hypertrophy, though considered by most hysterologists as the gravest complication, will always mitigate the pressure, and often banish the irritability that existed at the onset of the disorder. The congestion, therefore, under such favorable auspices, spreads slowly, continues stationary, or subsides materially as influenced by divers causes, the menses more particularly, that deplete when copious the overburdened capillaries by a remedial effort of Nature; at least a considerable period, months or years, is often occupied in the imperceptible advance of the disease, the vaginal and ovarian vessels yielding reluctantly, and the ground

being won point by point, until at last the power of the invading force prevails, and every part is subdued.

If the uterus, on the contrary, fail to relax and enlarge proportionately to the increase in the congestion, a most violent and unrelenting hyperæsthesia will soon be induced, that, soliciting more and more blood as the pain increases, constantly adds fuel to the flame. Nature now is shorn of the power of resistance, and the whole field is occupied at the first onslaught. A menorrhagia avails nothing, since the narrowing of the ora uteri and inner cervix forbids a free exit to the flow, and adds dysmenorrhœal pains to the sum of evils previously present. The contractility of the uterine walls, that in multiparæ aided a natural or an artificial loss of blood so efficiently in unloading the overburdened capillaries, is here nugatory, the hyperæsthesia being constant, and renewing the congestion perpetually. Hence the congestion in nulliparæ extends from the uterus directly to the ovaries and the vagina, on which event their nerves become as sensitive as the uterine, and conspire to draw the arterial currents to the genital system. This supersensitiveness of the ovaries and vagina transcends that found in child-bearing females, since these organs, as well as the uterus, have not been previously prepared for this excessive influx by the physiological fulness attendant upon pregnancy.

GENERAL SYMPTOMS.

Womb-disease in the child-bearing female advances from the lower to the higher, and by slow stages attains its climax, and presents its worst symptoms; but in the unfruitful, it leaps at a bound from a uterine catarrh to a pelvic congestion, and culminates in an array of symptoms, transcending any hitherto described. The congestion, thus sudden in its accession, induces a profound local perturbation, that reacts on the brain and spinal marrow immediately and violently. Nature, ever beneficent and ever striving to bring harmony out of discord, is abruptly thrown from her equilibrium, swerved from her accustomed channels, and robbed of her supremacy. The concordance and correlation of the nerve-forces is rudely interrupted, and discord and anarchy prevail. Besides, from this neural-

gic state of the uterus, ovaries, and vagina continuing without abatement, there is no relief to the irritation and tension of the nervous system, that constantly vibrates and thrills with agonizing irradiations; whence the nerve-prostration assumes a fixed character, and undergoes no change except from worse to worse, the nerve-aberration is widely erratic, and wholly untrammeled by physiological laws, and the nerve-sensibility is whetted to the keenest edge, and never for a moment blunted. In short, the irritation that is incessantly passing along the sentient nerves to the cerebro-spinal centres, weakens the sources of nerve-generation, throws the functions of the various organs into disorder, deteriorates the physical powers, and undermines the very foundations of vitality.

Not only this, but, as the disease culminates, the supremacy of mind is shaken, reason becoming unreason; thought, thoughtlessness; will, wilfulness; purpose, perversity; and every other attribute of a true character, supplanted by its opposite; and then, alas! the pain-stricken, woe-begone, hope-bereft patient, a "mere nervous wreck," is, month after month, yea, year after year, driven hither and thither on a tumultuous sea of unrest, a prey to every ill that can assail her, bodily or mentally, through a prostrated, perverted, over-stimulated nervous system.

What makes the case still worse is the fact that the luckless victim of these "barbed shafts of an ill-starred destiny," is robbed of the power to resist and throw off the incubus, and lives perforce in a nightmare, breathes Stygian airs, and has a murky, noisome world around, and a lowering, wrathful heaven above. Now, of a verity, the uterine nervous system wreaks its wild frenzy uncontrolled, and lords it over all without check or hinderance. The head is brought under the lawless sway of a member, and the pitiful patient, given over to the illusions and promptings of an ill-balanced and perverted mind, becomes the subject of a certain species of *furor uterinus*.

A sadder spectacle does not present itself in the whole domain of medicine, nor a patient more worthy of the physician's sympathy and kindly offices in her behalf; yet, unfortunately, it is well-nigh impossible to disinthrall the sufferer by the resources of

art, though these are ordinarily so potent when directed with judgment and skill, and more unfortunately still, even when the womb-disease is removed, a peculiar hysteric infatuation may persist, and the mental powers and the nervous forces may, by continuing their revolution around the uterus as a centre, fail to regain their equipoise and proper preponderance in the economy. "*Hærat lateri lethalis arundo.*"

LOCAL SYMPTOMS.

The local symptoms, present in child-bearing females, are here intensified by a still greater degree of irritability of the uterus, ovaries, and vagina. This exalted nervous state, the distinguishing feature of uterine disease in nulliparæ, is the source of distressing neuralgiæ, that add poignancy to all the more common pains, and render them scarcely supportable.

In some cases, however, those often of the most intractable nature, the constitutional symptoms, when more severe than the local, render the patient oblivious to the lesser irritation, and so completely monopolize the nervous system and absorb all minor sensations, on the principle that "one fire burns out another's burning," that much tact is required in eliciting the primary ailment on which hinges the ill health of the patient. The nature, quality, intensity, and persistency of these symptoms, however, being as they are some form of nerve-erethism, and of the kind habitually attendant upon womb-disease, ought always to direct the physician's attention to the uterus for their solution. Indeed, certain of these disorders are so decidedly marked by the uterine element and possess a family likeness so unmistakable, that their existence is presumptive, if not indicative of a general congestion of the internal genitalia.

Then, again, in other cases, although the great ganglionic centres are robbed of power, and the disturbance of the nervous system is equal to that observed under any circumstances, the local evidences of congestion may be insignificant, being even scarcely greater than those found in Class I. Besides, to render obscurity more obscure, a leucorrhœal discharge is at times absent, a symptom that is a most reliable guide in uterine pathology,

one almost pathognomonic of congestion in its various stages of progress and its various grades of severity.

Although the local disorders might thus in some instances, from their trivial character, lead the medical attendant wide of the mark, and direct his inquiries in a wrong direction, yet those attending the catamenia, that uniformly deviate in essential particulars from their normal course, would scarcely fail to recall him to a more just appreciation of their true significance. The menses invariably incite much greater distress in a congested nulliparous uterus than is ever observed in a multiparous, even when there is a subsidence, or a complete disappearance, of pelvic trouble in the intervals.

This irritability of the genitalia undergoes stated periods of exacerbation, through the return of the monthly *nidus* inducing an influx of blood, and periods of mitigation, through the withdrawal of this stimulus allowing a retrogression of the circulation within more restricted limits. These menstrual pains, neuralgic in character, and excessive in severity, represent the various types of dysmenorrhœa, and indicate with considerable accuracy the presence of uterine disease.

The menses not only occasion great suffering, but lack certain qualities essential to their integrity, and deviate in several particulars from their normal standard, being either too scanty or profuse, too frequent or infrequent, or of too long or short duration.

A disturbance in these or other ways of the catamenial function would, if coupled with dysmenorrhœal pain, be presumptive of uterine disease, and should command our closest scrutiny.

The dysmenorrhœa attending deficient menstruation arises from the compression of the nerves of the uterus by the fulness of its blood-vessels, which compression is not promptly and completely relieved by hæmorrhage.

That attending profuse menstruation arises from the amount of blood that must pass a canal of a fixed calibre in a given time; in which case the pain disappears when the flow is moderated to the normal amount.

That preceding and inaugurating the menses, but disappearing as the discharge becomes free, arises from the diminution of

the calibre of the cervical cavity by the swelling of its mucous folds; which being depleted, the subsequent flow is rendered easy.

That commencing with the "show," and becoming greater as it increases until finally the pain becomes agonizing and paroxysmal, like that attending an early abortion, arises from a permanent narrowing of the canal in part or whole. In this form of obstruction, congenital in origin, and structural in nature, the earlier periods are signalized by dysmenorrhea, whereas in that brought on by congestion, they are painless, or comparatively so, and only become dysmenorrhœal in their progress.

In congestive dysmenorrhœa, as the nulliparous uterus can not materially enlarge during menstruation, its walls must necessarily approximate more closely, and its mucous membrane occupy its cavities more completely, inasmuch as an extra amount of blood is now drawn to the genital organs. In this way the entire outlet of the uterus is obstructed, more particularly at the os internum, which includes the not inconsiderable space where the cervical walls come in close apposition.

In cases of this description, the pain that is inaugurated by the menses is relieved by the flow, as it becomes free, depleting the uterine veins, and thus removing the stricture; but should the flow remain scanty, the pain would, in proportion to the insufficiency of the evacuation, continue throughout the period, since now the monthly congestion not meeting a natural resolution, augments the obstruction.

On the other hand, in dysmenorrhœa from contraction, flexure, or other like deformity of the cervix, the menses produce the same vascular fulness as in the previous examples; but as the flow, from the presence of an organic stricture, is inadequate to relieve the vessels or relax the obstruction, which is now both congestive and structural, the pain not only ushers in the discharge, but augments as this increases, until eventually it becomes violent and expulsive enough to free the uterus of the blood effused into its cavity.

Should the menses be profuse, or if not, be clotted from the presence of fibrin, or should the mucous membrane be thrown off in shreds, as in membranous dysmenorrhœa, pain of a vio-

lent character would be induced, however well-formed a nulliparous uterus might be, since the calibre of the cervix could not, unless it became more open, allow the passage of an unusual amount of fluid in a limited time, nor that of small portions of fibrin or membrane. Hence a mechanical impediment may be due either to the narrowness of the cervical canal, or, this being normal, to the disproportionate bulk of the substance seeking an exit.

EXAMINATION BY TOUCH, PER VAGINAM.

The irritability of the uterus and vagina, the spasm of the vagina and its sphincter, and the pain attending an examination are present in a degree rarely observed in women who have borne children. This preternatural sensibility, varying very much in acuteness, is the distinguishing feature of congestion in nulliparæ, and in the severer cases is so exalted that the slightest touch closes the vagina spasmodically, and throws the patient into a frenzy of excitement and suffering, that renders her uncontrollable and beside herself. The muscular fibres of the sphincter, and the newly developed ones in the coats of the vagina, resist the entrance of the finger by a fixed, rigid contraction. Instead of the muscular relaxation and the milder forms of neuralgia met with in the examination of multiparæ, are found, almost universally, a preternatural tonicity of the vaginal walls, and an exaggerated excitability of the pelvic nerves.

The cervix retains its virgin size and shape, and the os is not expanded or otherwise changed except in those rare cases in which it is abraded, and buried in a velvety mass of fungous papillæ, that project above the adjacent surface.

The uterus is not enlarged, save by the accumulation of blood in its structure, and moves readily in all directions, but is equally with the vagina supersensitive and intolerant of manipulation. The muscular structure of the uterus being undeveloped by hypertrophy, the space of the bladder and rectum is not trespassed upon, nor the capacity of the pelvis diminished.

If, however, the congestion extend to the areolar tissue, a

case closely allied, if not akin, to pelvic cellulitis, the uterus will from the effusion of lymph become fixed, and embedded in nodular masses. At this stage the feeling communicated to the finger is not essentially different from that described in Class VI.

EXAMINATION BY TOUCH PER RECTUM.

The information attained by a rectal examination will, aside from the fact that great pain is caused by pressure against the vaginal or uterine walls, be negative, unless the congestion involve the pelvis generally; on which event, as in multiparæ, enlargements, irregular, dense, sensitive, fixed, and identified with the uterine structure, meet the finger.

EXAMINATION BY TOUCH AND PALPATION.

By the union of touch and palpation the uterus may be found either to remain still movable, unenlarged, and located in the pelvis, or to form a part of a nodulated, imperfectly defined, and slightly mobile mass, that is still of such moderate bulk as not to extend often much above the level of the superior strait.

EXAMINATION BY SOUND.

Unlike what is observed in multiparæ, the os externum is not expanded, but retains its natural size and form, or is even contracted by the spasmodic action of its sphincter fibres; the cervical cavity is not dilated, but narrowed by the swelling of its mucous folds; the os internum is not rendered more pervious by the relaxation of the uterine walls, but is closed almost completely by their approximation through an excess of blood in their substance; and the cavity of the corpus uteri is not enlarged by expansion and growth, but is encroached upon, as during the menstrual epoch, by the fulness of the capillaries of the true uterine mucous membrane.

The vessels of the inner cervix bleed at the gentlest touch of the sound; whereas in the non-congested state, they do not rupture, except from a rude, careless manipulation. The flow of

blood, coupled with an exalted sensibility and a deepened color of the vaginal aspect of the cervix, renders the existence of womb-disease not only presumptive, but almost positive. This condition is identical in every respect with that present during the act of menstruation, except in this—the pathological congestion is continuous and has no tendency to resolution, but the physiological is temporary and disappears by a spontaneous hæmorrhage. The cervix has the like engorgement, the like tenderness, the like proneness of the rugæ to bleed, and the like redness of its outer surface.

The catheterism of the virgin uterus, an operation resorted to with such freedom by many, is, for the reasons hitherto given, not only always difficult, but rarely feasible, and is, withal, when any share of force is used, liable to add materially to the disease. As the information attainable is not commensurate with the hazard incurred, this method of diagnosis is better supplied by others that are equally conclusive. If the congestion is removed by treatment, and yet dysmenorrhœal pains remain, then the permeability of the os internum becomes an important question, that can only be properly investigated by the sound, which may now, on the return of the circulation within its proper limits, be more safely and easily passed into the uterine cavity, provided the manipulations are conducted with gentleness and dexterity.

EXAMINATION BY SPECULUM.

A speculum examination, a mode of investigation so reliable and decisive in multiparæ that it is confidently employed to prove or disprove the opinions derived from other sources, is in nulliparæ, much to the operator's disadvantage, often unreliable and deceptive, and at times is even more calculated to lead him into error than to a just estimate of the nature and extent of the disease.

In the majority of cases the vaginal mucous membrane presents the unmistakable evidences of inflammation—increased redness, congested and bare papillæ, copious, watery, and purulent secretions, and great pain and violent spasms on touch—and yet the cervix, retaining its normal appearance, seems free from

disease, except that its color is heightened and its surface dotted, here and there, with bright-red points. A condition like this, offering such inconsiderable changes, is regarded by systematic writers as a simple vaginitis; whereas a chronic inflammation of the cervical and vaginal mucous membranes, as is amply shown by the cases detailed in this work, is almost always due to congestion of the deeper tissues, the erectile layers, and is never removed until this congestion is subdued. The changes of the cervix and os tincæ, so common in childbearing females, are never met with, the cervix not being altered in size or form, or the os dilated or eroded, save in those rare examples in which the unexpanded os is buried in a fringe of papillary fungositiès. Usually an increase, greater or less, in the natural color of the vaginal surface of the neck is all that is cognizable by the eye, and frequently the os has in other respects not only a normal appearance, but gives exit to little or no glandular secretion. Indeed, an intense form of congestion checks, and at its height suppresses the formation of mucus, which is, however, again present, as in the milder cases, when the treatment has been successful in unloading the uterine vessels and reducing the circulation of the inner cervix to the secerning point.

In other cases, in which the os, cervix, and vagina, excepting a deepened tint of their mucous coverings, present a natural appearance, the ocular signs of congestion are still more imperfect and deceptive than those just described.

In others still, which are by no means of infrequent occurrence, a preternatural redness is only apparent three or four days subsequent to the monthly period; at which time, the healthy color returns, and then remains the rest of the interval.

Cases like the last, and in fact most others not included under the head of vaginitis, are described by writers as examples of idiopathic neuralgia—irritable uterus, hysteralgia, vaginismus, etc.—and yet, notwithstanding the array of authorities to the contrary, it is certain that this exalted sensibility in nulliparæ is indicative of congestion of the uterus and vagina, and is a tolerably exact measure of its amount and extent. Indeed, the sensibility uniformly advances *pari passû* with the congestion, and is almost a positive proof of its existence.

This congestion begins in the erectile layers of the uterus and vagina, and thence extending to the vascular loops that arise therefrom, passes to the mucous membrane. These loops, when permanently filled with blood, create a vascular excitement in the mucous membrane, and in the severer cases, show themselves on the surface where they terminate, as deep-red points, from which the epithelium is detached. Should the congestion not be extensive, or if extensive, should the superficial vessels, on the withdrawal of the menstrual forces, be emptied partially or wholly by the contractility of the tissues, the vaginal and uterine mucous membranes would, directly following the periods, be somewhat redder than usual, but would shortly after regain a natural hue. Nevertheless, in every instance a congestive state, varying in degree only, continues in the erectile tissues during the entire menstrual interregnum, and keeps alive an undue irritability that increases or diminishes with the greater or less fulness of the vessels, in the meshes of which the nerves are embedded. Wherefore, in many cases, even those attended with intense hyperæsthesia and violent spasm, the eye detects so little to account for the symptoms, that the most skilful and experienced are liable to be misled, and not infrequently are completely blinded to the actual state of the generative organs.

When, however, the fact shall be fully appreciated that a neuralgic state of the uterus and vagina is always due to an active congestion of the structures beyond the range of vision, and is a sure index and an exact measure of any increase in the rapidity and volume of the circulation; and also, that injection of the papillæ and mucous inflammation are epiphenomena—effects, not causes—occasioned by an underlying arterial excitement, the true nature of these cases, however diverse the ocular appearances, will be comprehended, and an efficient plan of treatment devised.

As a rule to which exceptions are rare, it may be considered as certain that congestion of the internal genitalia exists, provided the uterus and vagina are supersensitive; the introduction of a speculum is attended with much pain, or pain and spasm; the mucous membrane is inflamed, or even, following

the periods, is of a deeper color than normal; and the inner cervix, whether discharging mucus or not, is of a bright-red color, and gives issue to blood at a slight touch of the sound. At least, these several morbid states, that are, when taken singly, significant enough to arrest attention, would, if all were present, and especially if, also, they were strengthened by those discovered by the other modes of investigation just given, lead the physician to a correct diagnosis, unless, perchance, he were hopelessly committed to a foregone conclusion.

If, however, the diagnosis still remained obscure, a treatment instituted for vaginitis, leucorrhœa, uterine neuralgia, or any of the many other secondary ailments afflicting the patient, would by its failure exclude these; and then it might happen that the treatment, predicated on congestion as the starting-point, and directed solely to its removal, would, by dispelling or at least mitigating the general and local disorders, clear up all doubts, and indicate with certainty the course to be followed.

NON-HYPERTROPHY AND NON-EXFOLIATION OF TRUE UTERINE MUCOUS MEMBRANE.

In multiparæ, the mucous membrane of the corpus uteri, as described in the last chapter, partakes equally with its muscular walls in any excitement of the capillaries that may arise, and in any enlargement of the underlying structures that may be instituted, and, following the bent of the physiological laws presiding over the uterus during pregnancy, becomes enlarged by the actual growth of its tissues, as well as by the fulness of its blood-vessels. At each monthly epoch, in obedience to these supplementary laws of uterine life, this hypertrophied membrane, this pseudo-decidua is detached, broken-down, and disintegrated, precisely as occurs in an abortion, and then a flow issues from the open mouths of the venous canals that is not menstrual, but hæmorrhagic in its nature. The cervix expanding its substance, and enlarging its canal as at an early period of utero-gestation, no dysmenorrhœal pains of moment are induced, nor is any serious impediment offered to the transit of an unusual amount of blood, or even to that of considerable clots and shreds of membrane.

In nulliparæ, on the other hand, the circumstances are totally dissimilar, inasmuch as the uterus having never felt the impulse of conception, and risen to the higher stage of organization, is still held under the sway of the physiological laws established at the inauguration of the menses. Thus morbid action is circumscribed in a narrower circle, and limited entirely to perversions of the monthly hyperæmia; whence it arises that the body of the uterus, however much affected, is incapable of simulating the hypertrophy of pregnancy, and also that its mucous tissue, bound by like laws, and deriving its nervous and vascular supply from the muscular beneath it, is devoid of the capacity or the materials for development.

Wherefore, except in those cases attended with dysmenorrhœal pains and a copious loss of blood, the mucous membrane is not exuviated, and in these it is probably, without undergoing any increase other than that due to sponginess and swelling, separated, disintegrated, and blinded with the red discharge, in which it is completely disguised. Indeed, it is hardly possible for a hæmorrhagic flow to prevail without a partial or complete denudation of the vessels, ramifying on the inner face of the uterus. In further proof of these views, it may be stated that portions of membrane, when found, are of the thickness, and possess the characteristics of the normal mucous tissue, and cause, by the efforts of the uterus to detach and expel them, labor-like pains, more violent than those attending other forms of dysmenorrhœa.

In nulliparæ, therefore, the mucous membrane of the uterine cavity proper will in no contingency be exuviated, unless the flow be hæmorrhagic, in which case it is usually broken-down piecemeal, and thrown off as *débris*, or, more rarely, separated in layers, of a greater or a less size, and expelled by active contractions of the uterine walls.

RETROVERSION, FLEXION, ANTEFLEXION AND RETROVERSION, RETROFLEXION AND RETROVERSION.

The versions and flexions of the uterus, as they are met with either in multiparæ or nulliparæ, are fully described in Chap-

ter VI., and the varying peculiarities of each condition, sufficiently dwelt upon for all practical purposes.

CASE CCCXXIX.

Congestion of Uterus, Ovaries, and Vagina; Hyperæsthesia; Prolapsus Uteri et Vaginæ; Stricture; Vaginitis; Dysmenorrhœa; Leucorrhœa; Pleurodynia; Angina Pectoris; Gastralgia; Cephalalgia; Recovery.

J. M——, æt. 26, and married six years, but never pregnant, applied at the *Clinique*, November 8th, 1861. She is not deficient in flesh or blood, but is rather of a full habit, and suffers from neuralgic disorders—angina pectoris, gastralgia, pleurodynia, cephalalgia—and extreme sluggishness of the bowels, they being often two weeks without a movement. The menses return about every fourth week, last seven days, are attended with great pain, and consist of mucus, slightly stained with blood. The pelvic distress and leucorrhœa, usual in such cases, are present, and likewise severe pain *in coitû*.

Examination by Touch.—The uterus has the virgin size and shape, and is supersensitive and prolapsed; the cervix presents a smooth and even surface; the os is too diminutive to be felt, and the vaginal walls are relaxed and thrown into folds at the introitus vulvæ.

Examination by Speculum.—The os is found with difficulty, and does not admit the point of the sound. The cervical and vaginal mucous membranes have a preternatural red color, but are only moderately inflamed.

Cathartic medicine was ordered. The sound being forced through the os externum that seemed to be mostly closed, by the spastic contraction of its sphincter fibres, a sponge tent was introduced into the cervical canal. The tent was allowed to remain in position until the next day, when, on complete dilatation having taken place, it was removed. Six days subsequent, the os and inner cervix being found sufficiently opened, caustic was applied to the Nabothean glands.

Sept. 15, 1864.—This patient, who had discontinued her visits nearly three years previous to this date, now returned to the *Clinique*. It is a singular fact that the general and local

symptoms formerly complained of continue without material change, except in the matter of intensity.

Examination by Touch and Speculum.—The pelvic congestion remains in *statû quo*, and the os externum and cervical canal are as much contracted as at the first examination.

Sept. 15.—A sponge tent was introduced at this visit, and removed the following day. Laxatives and the pyrophosphate of iron were prescribed.

Sept. 22.—The iron was continued.

Oct. 4.—The menses returned the past week, and were of the character habitual to her, save the absence of pain. Applied caustic, and continued the iron.

Oct. 11.—Applied caustic, and gave magnesiæ sulphas and potassæ bitartras.

Nov. 3.—The neuralgic pains are less severe, and the bowels continue regular from the use of the salines. The menses, present a week since, were still scanty, and the leucorrhœal discharge is as free as ever. Applied caustic, scarified, and repeated the laxatives.

Nov. 10.—Gave a cathartic dose of calomel, and continued the laxatives.

Nov. 17.—The neuralgic disorders are disappearing. The uterus and vagina present a normal appearance, and the sound readily enters the os tincæ. As the menses, that still remain scanty, are about to return, a mixture of guaiacum, myrrh, aloes, and liquor potassæ was ordered, for the purpose of increasing the flow.

Dec. 6.—The courses have in a measure relighted the congestion. Scarified, and repeated the Epsom salts and cream of tartar.

Dec. 15.—Applied caustic.

Jan. 12, 1865.—Applied caustic, and continued the medicine.

Jan. 19.—The uterine disease is, as far as the eye can detect, removed. Applied caustic.

Feb. 9.—The patient has just recovered from her menses, which have not renewed the congestion. She is relieved of every symptom, both general and local, but still suffers from a defective menstruation and an insufficient action of the bowels.

She was dismissed, with orders to return in case there were any symptoms of a relapse.

Commentary.—This case presents an example of uterine, ovarian, and vaginal congestion that was due, in the main, to narrowing of the cervical canal, though, doubtless, matrimony had much to do in the aggravation and perpetuation of this condition. The *modus operandi* of the morbid causes was, probably, as follows: The impediment to the egress of the menstrual fluid, as is often observed, checked the flow, and induced scanty menstruation. From the defective elimination thus produced, the internal genitalia were left after each period in a congestive state, which gradually becoming more pronounced, eventually produced an irritable state of the uterus, and a supersecretion of the cervical follicles. The swelling of the plicæ palmatæ, and the spasmodic closure of the sphincter fibres of the os increasing the original impediment, checked still more the transit of the blood, and hence, as a necessary result, lessened one of the most important constituents of the menstrual discharge. This morbid process being intensified and perpetuated by the physiological hyperæmia attending sexual congress, the train of symptoms of the gravity and severity above described was induced.

It should be observed, that the many and severe forms of neuralgia of which she was the subject, disappeared without the help of special remedies, when the uterine congestion was removed. *Tollit causam, effectus cessit.*

It is likewise shown by the history above given, how persistently womb-disease retains its hold when once established, and how it knows no change, excepting for the worse.

CASE CCCXXX.

Congestion of Internal Genitalia; Hyperæsthesia; Prolapsus Uteri et Vesicæ; Amenorrhœa; Leucorrhœa; Hysterical Laryngismus.

E. P——, æt. 31, married several years, and never pregnant, came to the *Clinique* May, 1864. She is very much out of health, is pale, debilitated, and nervous, has marked gastric and hepatic derangement, and suffers from spasmodic chok-

ing, and suffocating feelings in the larynx. She was perfectly well, and her courses were normal until three years ago, when she fell down a flight of stairs; and, although she was not menstruating at the time, her courses have never reappeared. She has pain in the sacro-lumbar region, extending forward to each iliac fossa, where also tenderness is felt on pressure. There are likewise present soreness above the pubes, frequent, difficult, and painful urination, and a copious, constant, and yellow-colored vaginal discharge.

Examination by Touch.—The cervix has subsided to the perinæum, and dragged the bladder with it into the anterior part of the vagina. The uterus is supersensitive, but not in a marked degree.

Examination by Speculum.—The neck is neither enlarged nor its mouth dilated, but the cervical mucous membrane has an increased arterial blush, and the glands of Naboth are much congested, as is shown by an excessive secretion, and a flow of blood from a mere touch of the sound.

May 14.—Scarification was practised, and two cathartic doses of blue mass and resin of jalap were ordered. The hæmorrhage from the cuts was very free, more so than is usually seen, showing a considerable congestion of the uterus.

May 28.—Applied two leeches, and prescribed an antispasmodic mixture, composed of the tincture of assafœtida and the fluid extract of valerian.

June 11.—The patient feels better. Scarified and directed a vegetable bitter.

June 25.—The general disorders have disappeared, but the local remain as at first. Repeated scarification and prescription.

July 3.—Scarified and gave iron. For the purpose of restoring a healthful nutrition, strengthening the nervous system, and enriching the blood, the patient was sent into the country. It was thought, inasmuch as the sympathetic disturbance arising from the uterine disease was broken up, although the affection of the cervical glands was unchanged, that, could the general health be renewed, the menses would return, and thus greatly facilitate the cure.

Oct. 15.—The patient has just returned to the city. She had been feeling very much better, but during the past two or three weeks, many of her old symptoms have, one after another, re-appeared. The uterine disease remains as when she last visited the *Clinique*, and the leucorrhœa is very profuse, more so, perhaps, than formerly. Applied nitric acid to the inner cervix, and ordered a mixture of the pyrophosphate of iron and the tincture of colombo.

Oct. 21.—A purulent secretion, caused by the destructive action of the nitric acid, flows from the os uteri; a bright-red blush covers the neck and upper portion of the vagina, and the pelvic distress is much augmented. The scarification, which was employed, occasioned a very free loss of blood.

Oct. 29, *Nov.* 12 *and* 19.—Applied caustic, and continued the iron and bitters.

Nov. 26 *and Dec.* 24.—The patient is much improved constitutionally, but the cervical disease remains steadily the same. Employed scarification and caustic, and continued the medicine.

Feb. 11 *and* 18.—She has of late on three occasions, at an interval of about three weeks, had an attack of epistaxis. Applied chromic acid, and continued the tonic.

Feb. 25 *and March* 18.—In February she was seized with shortness of breathing, a feeling of impending suffocation, and great difficulty in articulation — hysterical symptoms—that troubled her frequently before the commencement of treatment. Applied caustic, and continued the tonic.

April 8 *and May* 6.—Applied caustic, scarified, and repeated the tonic.

May 13.—Applied caustic.

Commentary.—Mrs. P—— being discouraged by the slight improvement attained, which was temporary and due almost exclusively to the tonic remedies employed, and having given up all hope of becoming again "like other women," discontinued her visits at the last date, and some months thereafter, sailed for England, her native country. The uterine disease, though varying somewhat at different times in the amount of the congestion, and the quantity of the leucorrhœal discharge, ever reverted to its original condition, and was at the last visit

unchanged; and the menses, which it was hoped would return, and aid in removing the congestion—at least the monthly physiological congestion—did not reappear, though the cervical mucus was periodically increased, and the menstrual *nidus* fully established.

The cessation of the menses in a young and healthy woman from fright, and their continued absence for so long a period, are noteworthy peculiarities. In a chronic amenorrhœa, such as this, congestion of the internal genitalia is nearly universal, as can be proven on examination, by the supersensitiveness of the uterus, the deepened color of the cervix, and the existence of a free mucous secretion; and particularly is this the case when, as in the present example, the congestion is added to, each month, by the menstrual *foyer*—an abortive effort to institute the normal loss of blood. Hence, it is apparent that emmenagogues, the stimulating ones more especially, will in patients thus affected not only be useless, but positively detrimental, and, contrariwise, that the means which serve to unload the overcharged capillaries, will alone render it possible for the uterus to resume its monthly function. A cure, however, in this class of cases is seldom attained. Nature through habit, so to speak, seems to forget her normal operations, and being perverted in a wrong direction a length of time, continues persistently in the same devious path.

The reason for this lack of success in the treatment of congestion, when complicated with amenorrhœa, lies in the fact that the monthly fulness of the genital vessels will, if not relieved by a spontaneous loss of blood, add fuel to the flames, and thus periodically relight the disease.

In another case like this I would rely on leeching or scarification and puncture, practised just after each menstrual effort, and strive to accomplish a cure by thus substituting an artificial for the normal hæmorrhage.

CASE CCCXXXI.

Congestion of Uterus, Ovaries, and Vagina; Hyperæsthesia; Prolapsus Uteri et Vesicæ; Stricture, Congestive; Vaginitis; Pruritus; Dysmenorrhœa; Leucorrhœa; Recovery.

M. K——, æt. 30, married a year and never pregnant, came to the *Clinique* August 23, 1864. She is debilitated, suffers from anorexia, indigestion, and torpid bowels, and has rheumatic (muscular) pains.

The menses are regular and free, but last two days only, and are very painful, recently excessively so, causing her to scream and moan in her agony. Always during menstruation her breasts become sensitive, enlarged, and nodulated, and once, in the right gland, a hard, circumscribed lump was formed, which, however, disappeared of its own accord in a few days. There are present a constant, thick, and yellowish discharge, pain through the back and hips, itching and burning sensations in the vagina, and smarting and scalding ones on urination, but no pain or tenderness in the iliac and hypogastric regions.

Examination by Touch.—There is a slight increase of the sensibility of the uterus, but no decided hyperæsthesia. The uterus is prolapsed in the second degree, and drags down the neck of the bladder. The cervix is preternaturally long and pointed, but otherwise appears normal.

Examination by Speculum.—The cervical and vaginal mucous membranes are inflamed, but in a limited measure; the os is of the normal size; the inner cervix is congested, and the Nabothean glands pour out an excessive secretion.

Aug. 23.—Gave bitters, and a purgative containing blue mass. Scarified.

Sept. 2.—Applied caustic to the cervical cavity, and caustic, much diluted, to the vaginal mucous membrane. Continued the bitters, and ordered Epsom salts and cream of tartar as a laxative.

Sept. 10.—The patient is improving. Continued the treatment.

Sept. 17.—Applied caustic.

Sept. 24.—She was "unwell" a few days since, and now all the pelvic symptoms are aggravated. The mucous membrane of the cervix and vagina is of a uniform red color, and is undergoing a rapid desquamation. Applied caustic to cervical cavity, and caustic, diluted with four to five parts of water, to the vagina. Repeated the tonic above given, and prescribed borax as an injection.

Oct. 1.—The patient is free from pruritus, and is much better in every respect. Renewed the prescriptions.

Oct. 8.—All the local symptoms have disappeared. Continued the constitutional treatment.

Oct. 21.—She menstruated last week, but scantily, and had less pelvic but more mammary pain than is her wont. The pruritus has reappeared, the leucorrhœal discharge is increased, and the other pelvic disorders are renewed. An examination shows that the monthly congestion, that was but imperfectly relieved by the scanty flow, has relighted the morbid congestion. Applied a leech and continued the medicines, excepting the borax.

Oct. 29.—Applied caustic.

Nov. 5.—Local disorders are disappearing. Renewed medicines.

Nov. 12.—The patient thinks that she is well. There is no mucous inflammation, and only a slight excess of the glandular secretion. Applied caustic, and continued the tonics and laxatives.

Nov. 10.—The menses returned a few days since, and were normal, there being no dysmenorrhœa, mammary pain or tenderness, or other general or local disorder. The speculum reveals a natural appearance of the cervix and vagina.

Nov. 26.—The womb-disease is cured. Requested the patient to return after the next menstruation.

Jan. 25, 1865.—Mrs. K—— continues well and has no pelvic disorder or menstrual trouble; in short, her health is perfect in every respect.

Aug. 8.—This patient has, to the present date, remained free from uterine symptoms, but had, a few days before, contracted a gonorrhœa from her husband. This disease was in a couple of weeks removed by injections of borax.

Commentary.—This woman's unfruitfulness was probably due to the preternatural length of the cervix. Impregnation not taking place soon after marriage, the Nabothean glands were, through repeated sexual approaches, congested, a condition especially calculated from the length of the cervical cavity to cause narrowing and obstruction. In this manner the swelling of the plicæ palmatæ first induced scanty menstruation and dysmenorrhœa, and then, as a sequel, an imperfect monthly resolution, and a general congestion of the genital organs. At the outset of the treatment this repletion of the uterine, ovarian, and vaginal capillaries not being fully appreciated, the means to combat a cervical catarrh, which was considered the main trouble, were alone employed; whereas the congestion was, as subsequently demonstrated by the topical loss of blood, general in its character, and demanded leeching or scarification for its complete removal, previous to the use of caustic.

It is observed in this, as in most other cases, that the descent of the uterus and bladder in the pelvis, though very decided, gave no inconvenience after the cure of the womb-disease.

CASE CCCXXXII.

Congestion of Uterus, Ovaries, and Vagina; Hyperæsthesia; Prolapsus Uteri et Vesicæ; Erosion; Vaginitis; Pruritus; Dysmenorrhœa; Leucorrhœa; Recovery; Pregnancy.

H. B——, æt. 30, married eight months, and never pregnant, came to the *Clinique* October 16th, 1865. She enjoyed good health, and had no sexual disorder previous to marriage; but was, three weeks thereafter, attacked with symptoms ascribed to gonorrhœa by Dr. ——, who treated her six weeks for this complaint. Her health is not materially deteriorated, the chief general disorders being nervous irritability, torpor of the liver, and impairment of the tone of the stomach.

The menses are irregular and painful; micturition occasions burning and scalding sensations, and a thin and acrid vaginal discharge irritates the external genitals, and gives rise to a troublesome pruritus. There are also present the weight, pres-

sure, and tension in the pelvis, and the pains through the lumbar regions and loins, usually found in uterine cases.

Examination by Touch—The uterus is prolapsed, and very sensitive; the cervix rests near the coccyx, and presents its normal size and shape, and the *bas fond* occupies the anterior part of the vagina.

Examination by Speculum.—The cervix has a bright-red color, and is dotted with points of a deeper hue; the labia uteri are tumid, congested, and slightly more open than is usual in nulliparæ; the mucous glands pour out a copious secretion, and the vagina is inflamed, and covered with rows of vermilion points, the free extremities of the vascular papillæ.

Oct. 16.—Prescribed a saline laxative in small and continued doses, and injections of borax.

This treatment, with the exception of a cathartic containing calomel, was continued at the next four visits, and then, being found inefficacious, was abandoned for that followed in pelvic congestion.

Dec. 28 *and Jan.* 11.—Scarified, and continued the borax.

Jan. 18.—Applied a leech.

Jan. 25.—Applied caustic and renewed the borax.

Feb. 1.—Scarified, and applied caustic.

March 1.—The patient menstruated the past week, and now the pelvic congestion and vaginitis are greater than at any time before. Scarified.

March 9.—Applied two leeches, and renewed the borax.

March 23.—The menses returned last week at the proper time, and were normal as to quality, quantity, and duration. The local symptoms are aggravated, the neck having a more congested look, and the os a granular appearance from the loss of epithelium. Applied a leech.

June 12.—The patient has been absent two months. Her symptoms are now worse than at first; her health is suffering, and she complains of languor and debility. Scarified, repeated the borax, and gave a cathartic dose of blue mass and resin of jalap.

June 19.—Applied two leeches, and ordered a tonic.

July 6.—Scarified, and continued the medicines.

July 13.—The patient feels stronger, and in all other respects better, but still the speculum does not reveal any real improvement. Scarified, and repeated the prescriptions.

July 20.—Applied two leeches.

July 30.—Scarified, and continued the treatment.

Aug. 5.—Applied caustic.

Aug. 14.—Punctured, scarified, and continued the medicines.

Aug. 25.—She has menstruated since the last visit. The uterine disease remains obstinately in *statû quo.* Punctured, scarified, and continued the medicines.

Sept. 1.—Punctured and scarified.

Sept. 8.—The change in the uterine disease is marked, there being but slight congestion of the uterus and coats of the vagina, and but little vaginitis. Scarified, punctured, and repeated the borax injections.

Sept. 15.—The patient is about to menstruate, and hence there is an aggravation of the congestion and mucous inflammation. Scarified and punctured.

Sept 22.—There is improvement in the local disease. The tongue is coated, and the bowels are torpid. Scarified and gave the compound cathartic pills.

Oct. 4.—The improvement continues. Punctured, scarified, and prescribed a tonic.

Oct. 11.—The congestion and mucous inflammation are steadily disappearing.

Oct. 19.—Directed a laxative and injections of borax.

Nov. 7, 16, *and* 24.—Applied caustic, punctured, and scarified. At the last two visits the disease seemed nearly or quite cured.

Dec. 3.—The menses are due in a few days. Punctured and scarified.

Jan. 8, 1867.—The catamenia failed to appear in December. She feels very well and presents the early signs of pregnancy: full, strong pulse, good appetite, frequent micturition, increased heat and fulness of the breast, and a deepened color of the areolæ.

Sept.—Mrs. B—— was confined in the Hospital at term, and has since that event been quite well in every respect.

Commentary.—This case is of interest, inasmuch as it presents an example of uterine congestion that was produced, as is supposed, by a gonorrhœa, contracted a few days after marriage. The specific inflammation travelling along a continuous membrane, passed up the vagina and over the outer and within the inner cervix to the spongy and reduplicated folds, in which the mucous glands are embedded. These folds readily became, from their natural vascularity, much congested and swollen, and thus, by opposing an effectual barrier to the ingress of the spermatozoa, the cause of the sterility. So also from this congested state of the cervical folds, the mucous follicles were stimulated to a continuous and excessive secretion, the menses impeded and rendered painful, and the uterine capillaries denied perfect relief by the physiological hæmorrhage; whence, eventually, a general hyperæmia of the uterus, ovaries, and vaginal coats was superinduced. This hyperæmia, though constantly increased by sexual gratification, was still, however, in an incubative stage, and had not as yet become sufficiently established to produce those grave general and local symptoms universally found in a nullipara, when subject to a uterine disease of severity and long continuance.

The failure of the treatment for gonorrhœa, and the success of local depletion in removing not only the vaginitis, but in rendering the womb susceptible of impregnation, show conclusively that, whatever may have been the inciting cause, the actual condition of the generative organs was one of congestion; and it will be found on close scrutiny, I am inclined to think, that uterine disease, when it arises shortly after marriage, is in many instances induced by the gonorrhœal virus affecting the cervical rugæ, and thence extending to the uterus, ovaries, and vaginal layers. Such a result as this, whatsoever the means—specific or benign—by which the inner cervix is congested and its calibre narrowed, will necessarily follow in the unproductive female, whose uterus, dense and unyielding, is incapable of expansion and growth under the stimulus of an increased afflux of blood.

CASE CCCXXXIII.

Congestion of Uterus, Ovaries, and Vagina; Anteflexion; Hyperæsthesia; Prolapsus Uteri; Vaginitis; Vaginismus; Pruritus; Menorrhagia; Dysmenorrhœa; Leucorrhœa; Recovery.

A. B——, æt. 24, married six years, and never pregnant, came to the *Clinique* September 28th, 1864. She is not deficient in flesh or blood, and has a good appetite, but is excessively nervous and very costive, her bowels not operating, unless from the use of a cathartic, oftener than once in six or seven days.

Her menses were normal before marriage, and are now but slightly disordered during the absence of her husband at sea; but whenever he is at home, they are sometimes absent six, seven, eight, or nine weeks, and are often attended with flooding, and always with the most excruciating suffering. She has since marriage had a copious and constant leucorrhœa, pain and tenderness above the pubes and in the left iliac region, but none of consequence in the back or down the thighs, and a sensation, on exertion, of pressure down the pelvic cavity. This sensation is relieved by the recumbent posture. There are scalding, itching, and burning feelings in the vagina, but the functions of the bladder are not disturbed.

Examination by Touch.—The cervix rests at a lower level than normal, is of the virgin size, looks in the right direction, and has at its lower portion the natural shape and contour, but near its union with the corpus there is formed a pocket-like space by a forward and downward flexure, that brings the fundus readily within reach of the finger.

Examination by Speculum.—The introduction of a small-sized speculum causes much distress, and is attended with a spasmodic contraction of the muscular coat of the vagina as well as of its sphincter, but the uterus is less markedly sensitive. The cervix is of the normal size, has a heightened color, and is covered with deep-red points, the summits of bare papillæ; the os is slightly more open than normal and the labia uteri are red, tumid, and pouting, but not everted. The cervical canal is congested and secretes an excess of mucus, and the vagina is

inflamed and sprinkled over with raspberry-colored dots, where the villi come to the surface.

The only internal medicine employed was a combination of Epsom salts and cream of tartar. This remedied the dry and hard character of her passages, by causing a serous transudation, and insured a regular state of the bowels, by arousing the irritability of their muscular coats.

Sept. 28.—Solid caustic was introduced into the cervix.

Nov. 3.—The caustic has increased the congestion and inflammation, and aggravated all her symptoms. Scarification was employed. This resulted in a free flow of blood.

Nov. 10.—Applied caustic and scarified.

Nov. 17.—The local symptoms, excepting a slight leucorrhœa, are absent, and the congestion of the uterus and vagina is not apparent. Applied caustic.

Dec. 1.—She recovered from her courses two days ago, and now her condition is the same as at the first visit. The congestion and vaginitis have returned in full force. Applied a leech.

Dec. 8.—The patient feels much relieved.

Dec. 24.—Applied a leech.

Jan. 7, 1865.—Ordered borax injections.

Jan. 14.—The menses, that had just passed, relighted the old symptoms. Applied a leech.

Jan. 21.—Scarified.

Feb. 7.—Although her courses were present the past week, there is now much less congestion than formerly. Applied two leeches and renewed the borax.

Feb. 23.—The uterine disease is removed, excepting a moderate cervical catarrh.

March.—With the last menstruation there was only a slight return of the congestion. Applied a leech.

July 8.—Mrs. B—— states that she is now perfectly well in all regards: does not suffer from the slightest pelvic discomfort or menstrual disorder, and is as free from disease as at any past time of her life.

Commentary.—It is worthy of note in this case that the flexure of the uterus was congenital, and yet did not impede

the flow of the menses, or interfere with the other pelvic organs; that marriage induced symptoms which were found due to congestion of the uterus, ovaries, and vascular layer of the vagina; that this congestion was kept alive and renewed by the physiological determination of blood each month; that the menorrhagia and dysmenorrhœa arose from a preternatural uterine hyperæmia, and subsided on its dispersion; and that the vaginitis and vaginismus existed in a direct ratio with the impaction of the vessels beneath the vaginal mucous membrane, increasing with the catamenial *nidus*, and abating as this stimulus was withdrawn.

It is particularly worthy of note that the treatment found efficacious was the taking of a small amount of blood directly from the suffering part just after the close of each monthly epoch. This procedure removed the hyperæmia and nervous irritability by unloading the uterine veins, and facilitating the sub-involution which should at such times take place. Thus the vessels regained their normal calibre, the nerves lost their supersensitiveness, and the vascular and nervous forces retired within their normal limits. Finally, it should be noted that on the balance of the circulation being restored, the healthful play of each function was renewed, and also that the flexure, which remained unchanged, gave occasion to no symptoms.

This case, as well as others like it, demonstrates that a flexure alone does not necessarily cause mechanical dysmenorrhœa, and require the hazardous expedient of incising the uterine neck.

Perhaps, on a more mature experience, it will be found that any success following a cutting operation is due rather to the loss of blood than to the enlargement thereby of the cervical canal.

CASE CCCXXXIV.

Congestion of Uterus, Ovaries, and Vagina; Anteversion; Hyperæsthesia; Prolapsus Uteri et Vaginæ; Vaginitis; Erosion; Recovery, probable.

M. A. McG——, æt. 34, married ten years and never pregnant, applied at the *Clinique* July 27th, 1864. Before marriage she was well and had no menstrual trouble, but after that event her health became impaired, and during the past six years,

she has suffered from uterine symptoms and been very weak and anæmic. Her courses return every third week, last three days, and are scanty and attended with an increase of the pelvic distress, that annoys her at all times. She has pain through the promontory of the sacrum, over the right hip, and in the corresponding iliac fossa, at which point and also at the hypogastrium there is tenderness. There are also present frequent and difficult urination, and a forcing, bearing-down feeling, that is not relieved by the recumbent posture. She was formerly constipated, but has the last three weeks been loose in her bowels, and vomited whatever was taken on the stomach.

Examination by Touch.—When she holds her breath and strains down, the uterus which is prolapsed nearly to the floor of the pelvis, and has its neck pointing toward the anus, is forced down still more, and anteverted so completely that it lies almost crosswise in the pelvis, and resents its entire front surface to the finger. The parts are all much relaxed, especially the vaginal walls, but the bladder is not implicated, the fundus of the uterus falling below it. The uterus is of the normal size, and is extra-sensitive; the cervix has the virgin contour, and the os is buried in a soft, fungous bed, and cannot be readily detected.

Examination by Speculum.—The cervix is covered with congested capillaries; the os, not apparent to the eye and only discoverable by the point of the sound, is concealed by prominent, weak, and venous-colored granulations, that rise above the surface and bleed from a mere touch; the cervix is not expanded; the mucous glands do not elaborate an excess of secretion, and the upper portion of the anterior wall of the vagina is inflamed.

July 27.—Scarified. Gave no medicine.

July 30.—The vomiting has ceased, but she at times still feels nauseated. Her bowels only move about three times a day, and she is materially relieved of the local disorders.

By the speculum, the granulations embedding the os were found more florid and less spongy. Scarified.

Aug. 10.—She was "unwell" the past week, and has since experienced a reaccession of her old symptoms. During the recent menstrual interregnum, she was nearly free from dis

order of the stomach or bowels, and yet with the flow the nausea and diarrhœa returned. They, however, abated on the cessation of the menses. Scarified.

Aug. 18.—There is neither vomiting nor purging, but pain from flatulence. The appearance of the enlarged and prominent villi around the os is little changed, but the inflammation of the cervical and the vaginal mucous membrane is removed. Scarified, punctured, and directed two cathartic doses of blue mass and rhubarb.

Aug. 26.—Applied the solid nitrate of silver to the inner cervix, scarified the granulations, and repeated the blue mass and rhubarb.

Sept. 2.—Scarified, and prescribed the tincture of the chloride of iron.

Sept. 14.—Her health is very much improved, and little local inconvenience is experienced. The congestive condition of the neck, internally and externally, is slight, and the papillæ, on the denuded surface, have lost their granular look, but the epithelium has not as yet reformed. Applied caustic to the cervical glands and the erosion, and continued the iron.

As the patient discontinued her visits at this stage of the treatment, the final result is not known, though, from the progress made, it is presumed that a permanent cure was attained.

Commentary.—This case illustrates several salient points in the pathology of womb-disease, when it affects the barren female, to wit: That disease of the virgin uterus does not expand the os externum or the cervical canal; that in the severer forms of congestion there is a check to the secretion of the Nabothean glands, and yet the inflammatory stage is not reached; and that sometimes there is a loss of epithelium as in multiparæ, in which event, from the non-expansibility of the cervical tissue, the exposed papillæ rise above the surrounding surface, and present a soft, velvety, flocculent mass.

In this case, also, is observed the union of an extreme prolapse and an extreme forward deviation of the uterus, conditions that were originally produced and continually aggravated by the tenesmus attending the congestion. The uterus did not displace the bladder, but being set free by the relaxation of the

utero-vesical attachment, passed behind and below the *bas fond.*

At each return of the menses, the congestion increased, but with their subsidence receded, and, on the cure being nearly completed, disappeared.

It is probable, from the perfect relief afforded the patient, and from what is observed in other cases, although this fact was not proven by the touch, that the uterus righted itself more or less as the congestion was subdued; at least it is certain that the anteversion was remedied to such an extent as not to interfere with the bladder or vagina.

From this case, and others of a similar character, it appears that forward and backward displacements of the uterus being dependent on congestion, are to be treated by restoring the normal circulation, and that instruments like the stem-pessary, though seemingly indicated, are not only inapplicable, but positively detrimental, since the irritation excited by their presence in the uterine cavity cannot fail to invite more blood to the overburdened capillaries, and thus add to the original disease.

CASE CCCXXXV.

Congestion of Uterus, Ovaries, and Vagina; Hyperæsthesia; Vaginitis; Erosion; Leucorrhœa; Epilepsy; Dementia.

E. D. J——, æt. 24, and single, came to the *Clinique* July 20th, 1863. The menses, which appeared in her eleventh year, were the first two years too free and frequent, but then became scanty and pale-colored, though regular. Ever since the first menstruation she has had, on the average, four convulsions a day, and at times as many as eight. She has pain in the small of the back and over both hips, tenderness in the iliac and hypogastric regions, and a yellow-colored vaginal discharge. She is much debilitated and emaciated, is dull, drowsy, and stupid, and has become from the convulsions, which are epileptic, partially idiotic, her eye having a meaningless, glassy look, and her memory being nearly abolished.

Her mother states that it is hardly possible to awaken her when sound asleep, at which times her face has a swollen, suffused, and purple appearance frightful to behold.

Examination by Speculum.—The uterus is sensitive, but not markedly; the cervix congested; the os eroded; the vagina filled with an albuminous and semi-purulent secretion, and the vaginal mucous membrane inflamed and, at its upper portion, covered with rows of spots, that have a deeper red color than the surrounding surface.

July 20.—Applied a leech.

July 25.—She has, since the beginning of the treatment, had only one or, at the most, two epileptic paroxysms a day. The stupor is not so great, and it is not so difficult to arouse her from sleep as formerly. Prescribed the pyrophosphate of iron.

Aug. 1.—The patient is much improved in every respect, and has not averaged more than one seizure a day.

Applied a leech and continued the iron.

Aug. 8.—The menses are present, and are more free than usual. Renewed the prescription.

Aug. 13.—Applied two leeches. Renewed the prescription.

Aug. 18.—She has had no "fits" since the last visit. Renewed the prescription.

Aug. 25.—During the last week she has had two convulsive attacks, in which, however, she did not entirely lose her consciousness. Continued the iron, and gave a laxative.

Aug 26.—Applied two leeches.

Aug. 31.—She has had three seizures the last five days. Scarified, and applied caustic.

Sept. 12.—The mother reports that her daughter is very ill, and has been confined to her bed since the last visit, and that the epilepsy has returned, and is as severe and frequent in its attacks as at the inception of the treatment. On two or three occasions after the above date, the patient was brought to the *Clinique*, but it was not thought practicable to treat her with any hope of success as an out-patient; and as her mother would not consent to her entering the Hospital, nothing more was attempted in her case. A year subsequent, her condition had become still more deplorable, and her demise was momentarily expected.

Commentary.—A general congestion of the reproductive organs affects the nervous system most profoundly, depress-

ing, exciting, or perturbating its function to such a degree that often the aberrations thus occasioned are the symptoms which chiefly or exclusively excite attention. In all cases, uterine irritation extends early and markedly, from the organic nerves of the womb to the plexuses supplying the bowels and stomach, but slowly and imperfectly from the sentient nerves of the cervix to the spinal cord, and still more tardily and obscurely from the spine to the great ganglionic centre, the brain. Consequently disorders of the cerebro-spinal axis are prone to arise only in the graver cases in which morbid action has been long in operation, and when induced, are certain almost to become so violent and severe as to mask the more ordinary pelvic symptoms, or at least render such symptoms by comparison insignificant.

A continuous and extensive hyperæmia of the internal genitalia, notwithstanding these organs are imperfectly placed in relation with the brain and spinal marrow, always, as time passes, implicates more and more the general nervous system. Neuralgic pains start in the sacral plexus, and thence extend to the nerves arising therefrom. The congestion persisting and augmenting, the irritation is reflected to and along the medulla spinalis, and then the other spinal nerves become likewise involved. Eventually, on the brain being drawn into the vicious circle of sympathies, functional disorder of the cerebro-spinal system reaches its climax, and culminates in various and distressing nerve-aberrations.

It is rare, however, for epileptic paroxysms to be superinduced, unless they take their rise at the first menstrual periods, it being necessary for the production of so profound a perversion of the nerve-power that congestion of the internal genitalia should occur suddenly, and before these organs are developed by and habituated to the physiological monthly fulness of their vessels. The newly awakened excitability of the uterine nerves at the nubile age might, were this excitability rendered continuous and intense by a permanent congestion, eventuate in hysteria, chorea, or epilepsy.

These diseases, however, should the uterine functions, either through natural or artificial means, return speedily to a state of integrity, would disappear with the cause that called them into

existence, and thus the tone of the cerebro-spinal system be restored. Wherefore it is highly probable that epilepsy, equally with the other milder species of convulsions to which it owns kinship, may, when induced by uterine congestion, be cured permanently, as it often can, when dependent on irritation of the gastric or the intestinal nerves. In most cases, however, like the present, in which the paroxysms have persisted a number of years, organic changes in the brain and its meninges have, in the mean while, taken place, that will, even if the pelvic disease be removed, perpetuate the epilepsy indefinitely.

Although in this case, local depletion, by lessening the congestion and thus relieving the suffering nerves, wrought a most rapid and singular improvement, and held the disease in check for the time being, still the possibility of restoring her health by this treatment, had it been continued, is extremely problematical. Indeed, on the return of the epileptic attacks with redoubled violence, there was but little doubt that structural alterations of such a nature as to place the patient beyond the reach of art had already been effected.

CASE CCCXXXVI.

Congestion of Uterus, Ovaries, and Vagina; Hyperæsthesia; Vaginitis; Vaginismus; Membranous Dysmenorrhœa; Leucorrhœa; Pruritus; Recovery.

E. C——, æt. 27, married six years, and never pregnant, has been in very poor health the past four years. She was, a year or more, treated locally for uterine disease by one of our first physicians, who, unable to improve her condition, or even comprehend the singular features of her case, and the cause of the obstinacy of her disease, eventually gave up his efforts for her relief in despair.

She has a fresh, florid look, is not deficient in flesh or blood, and presents, with the exception of an anxious countenance that bespeaks much suffering, the appearance of a person in perfect health. There are no marked functional disorders other than those seated in the nervous system, which being put severely on the strain at each monthly epoch by the most ago-

nizing menstrual pains, is perverted and shattered. These pains but imperfectly subsiding during the inter-menstrual intervals, her nerves are constantly over-stimulated by the suffering experienced in the pelvic organs. She was recently confined several weeks to her room, and has the past three or four years been obliged to keep in bed during the presence, and a time after the cessation, of the courses. The catamenia appeared at the age of thirteen and a half years, and recurred normally until she was fourteen, when they began to be painful. The dysmenorrhœa increasing gradually became after marriage terribly severe, often necessitating her to take to her bed and resort to repeated doses of laudanum. On several occasions, when her sufferings were especially poignant, and terminated in paroxysmal, expulsive throes like those of labor, her mother noticed in the menstrual product what, from her description, was probably a membrane. At all times there are distressing pains in the small of the back and over the hips, acute pain and tenderness in the iliac and hypogastric regions, weight, tension, and pressure in the pelvis, and a sense of fulness, throbbing, heat, scalding, and itching in the vagina.

Examination by Touch.—The uterus is acutely sensitive; the cervix retains the virgin size and form; and the vagina, together with its sphincter, contracts spasmodically, resists the entrance of the finger, and is so tender that the patient cries out and becomes almost frantic in her anguish.

Examination by Speculum.—The cervix is congested and dotted here and there with dee -red spots, the summits of the vascular papillæ; the os is free from abrasion; the glandular follicles elaborate an excessive secretion; the vagina is covered with a thin, yellowish, creamy fluid, and its mucous membrane is intensely inflamed and thickly sprinkled with spots, like those on the surface of the cervix.

The speculum, though the smallest size manufactured, was introduced with extreme difficulty and terrible suffering.

At subsequent examinations, the inflamed state of the vagina, above noted, was very observable directly following the completion of menstruation, but was less the second and least the third week thereafter.

On the presumption that the ovaries and erectile layers of the uterus and vagina were overburdened by a permanent fulness of their vessels, and that this condition was increased periodically by the physiological flow of blood, it was proposed to assist Nature in her efforts to effect involution, by the application of one or two leeches to the cervix the second or third day after the completion of each menstruation, and also, if found requisite, a week or ten days before its return. To allay the mucous inflammation, and obviate the intolerable burning and itching sensations in the vagina, injections of borax were ordered.

The patient attended five months at the *Clinique*, but irregularly and infrequently; and although the leeching was practised five times only, she thought herself quite well, and discontinued her visits.

At the last visit, the local discomfort and the general nerve-disorders had disappeared, the catamenia returned regularly and without excessive pain, and a complete cure seemed on the point of being secured. In a few months, however, she again presented herself. The monthly congestion had gradually reëxcited the pelvic pains, dysmenorrhœa, pruritus, and vaginal discharge, and reduced her health to its former condition. A leech was applied after the next two monthly "turns," in accordance with the plan originally carried into operation. The patient having experienced the most decided relief, again thought that she was well, and intermitted her visits. A relapse following in a brief time, she returned, as before, with all the symptoms renewed in their full intensity.

Having obtained a promise from her to second our efforts by a faithful attendance, the treatment was resumed, and followed without interruption until the uterine disease was cured. As, however, no report was subsequently made, it is not known whether or not the recovery was permanent.

Commentary.—In this case, from some one of the various causes that interfere with or interrupt the menses, cervical congestion arose and occasioned narrowing of the canal that gives egress to the catamenial secretion, the ready transit of which was thus by a mechanical barrier obstructed. The congestion,

gradually extending to the uterine, and thence to the ovarian and vaginal capillaries, a womb-disease of the worst form was established, one in which the mucous membrane of the proper uterine cavity became detached and thrown off in the monthly discharge. The dysmenorrhœal pains, while due to the swelling of the cervical rugæ, were not excessive, but, when aroused for the expulsion of this deciduous product, they became furious and paroxysmal, resembling those of labor. At this, the extreme stage of congestion, the nerves of the uterus, through the amount of blood drawn to the genitalia, became so overstimulated, and acquired such a neuralgic sensitiveness, that the slightest touch was agonizing.

The soundness of the pathological doctrines here advocated is demonstrated in this, as in many similar examples, by the prompt relief following a topical loss of blood, as well as by the equally prompt return of the worst symptoms, on a premature interruption to the treatment. Indeed, it seems sufficiently evident that the disappearance of the membrane and dysmenorrhœa, the removal of vaginismus and all supersensitiveness, and the restoration of the menses to a normal state, could not possibly have occurred in so short a time had inflammation existed, and effected those structural changes that always follow in its train.

CASE CCCXXXVII.

Congestion of Uterus, Ovaries, and Vagina; Uterus semi-fixed by Subperitoneal Effusion of Lymph; Simulated Carcinoma; Hyperæsthesia; Anteflexion; Vaginitis; Vaginismus; Recovery.

Mrs. D——, 41 years of age, and married twenty years, but never pregnant, came under my care December 8th, 1867. Her menses appeared in her fifteenth year, and have always been abnormal, being excessive, clotted, and attended with pelvic distress, and labor-like pains that induce vomiting, gastro-intestinal disorders, and nervous irritability, and oblige her to keep her bed several days. After marriage, her menses had an interval of two weeks only, continued ten days, and were as painful as at first.

Fourteen years since, she was attacked with intestinal inflammation, which aggravated her uterine disorders to such a degree

that she was eventually necessitated to consult a physician, who treated her a year for ulceration of the womb and narrowing of the cervical canal. He applied caustic to the ulceration, and put in force means to dilate the cervix, but without success, as at the end of this time her symptoms had not changed for the better. Subsequently she resorted to quack doctors, and, among other things *good* for womb-disease, and *certain* to cure female difficulties, employed medicated sponges, and took electrical baths. Gaining no advantage from these blind leaders of the blind, these harpies that fatten on human misery, she then—ten years ago—placed herself in the hands of Dr. ——, of New-York, who, after a speculum treatment of six months' duration, pronounced her free from disease.

Her health being now much improved, and her menses natural in frequency, proper in quantity, and signalized by moderate suffering only, she considered herself cured, and dispensed altogether with the attentions of the doctors, both regular and irregular.

In October, 1867, having friends on a visit from the country, who wished to go a sight-seeing, and also to do their yearly shopping, she, whilst "unwell," spent several hours a day, and several days together, in going from place to place, and from store to store. As a result of this imprudence, there were induced severe pains in the sacrum, down the pelvis, and at the iliac fossæ, and equally urgent general disorders; vomiting, anorexia, constipation, flatulence, and feverishness. The menses continued several days beyond their time, and turned to a bloody, watery fluid, that from its acrid nature caused burning, scalding sensations in the vagina. Mrs. D——, becoming rapidly very ill, was attended a week or more by Dr. ——, living in the neighborhood; but, on the symptoms growing steadily worse and worse, confidence was shaken in his skill, and then Dr. —— was sent for, who had on the previous occasion succeeded so satisfactorily. After making several visits, and enforcing several explorations, Dr. —— pronounced the case one of cancer of the uterus, and told the patient that nothing could be done further than to make her as comfortable as possible. On this diagnosis being rendered, her husband and friends, being

deprived of hope, looked for her death at no distant day; and the patient having received the doctor's word as her death-warrant, refused to take food or medicine, both of which causing oppression, nausea, and pain, were almost immediately ejected from the stomach.

The doctor, in the mean while, despairing of being useful, much less successful, discontinued his attendance, and hence, on the last of December, the eighth week of Mrs. D——'s illness, when I was called in, she had been some days without a physician. At this date she presented a most wretched and pitiable spectacle, and certainly, as far as appearances went, seemed the victim of some profound disease, that ere long would finish its work. This impression was strengthened still more by the gravity and severity of the symptoms; profound debility, extreme emaciation, complete loss of nerve-power, excessive irritability, persistent wakefulness, constant vomiting, obstinate constipation and flatulence, distressing pain extending from the lumbar to the iliac regions and down the excavation, itching, burning sensations in the vagina, and a feeling of impaction and obstruction in the pelvis, forbidding the passage of gas or fæces. This obstruction preventing the entrance of injections beyond a certain point, caused them to return without effecting their object. From the great tenderness and hardness of the lower front portion of the abdomen, and the spasmodic contraction of the sphincter vaginæ, it was found necessary, in order to render the examination satisfactory, to resort to an anæsthetic. Æther and chloroform—three to one—were employed, yet from the symptoms excited it appeared so extremely hazardous, in her prostrate condition, to push these agents to a total abolition of feeling, that they were used only so far as to deaden the pain and render the manipulations endurable.

Examination by Touch.—The vagina contracts spasmodically; the cervix is of the normal shape and size, and holds its proper position; the os is small and smooth; the uterus is anteflexed, semi-fixed, supersensitive, and surrounded by diffused swellings on the outer face of its body. These swellings, small in extent and arranged in waving lines as though a fluid substance, had been effused under the peritonæum, and, concreted

here and there in ill-defined masses, could be felt by the finger, especially at the union of the corpus and cervix posteriorly.

Examination by Touch per Rectum.—The rectum is tender; the vagina is intolerant of pressure, and the uterus, enlarged by concretions on its external surface, encroaches on the bowel, is acutely sensitive, and has but slight mobility.

Examination by Touch and Palpation.—The lower portion of the abdomen, though the spasm of its muscles is in a measure relieved by the æther and chloroform, still continues resistant and elastic. By placing the right index finger against the cervix and the palm of the left hand upon the hypogastrium, and attempting to move the uterus between the two, its imperfect mobility and its enlargement are very apparent.

Examination by Speculum.—The vagina is filled with a watery, purulent secretion ; its mucous membrane has a mahogany color, and the cervix is unchanged, except that its mucous membrane presents the same dusky hue as the vaginal.

The patient and her husband were assured, as the result of these several examinations, that possibly there was still room for hope ; seeing that the facts discovered did not altogether accord with those of cancer, but were equally, if not better, explained on the supposition that congestion of the internal genitalia, induced by over-exertion during the act of menstruation, had eventuated in the effusion of serum beneath the peritoneal coats of the uterus and ovaries, and within the folds, reflected from these organs to the sides of the pelvis.

Inasmuch as there was a probability, or at least a possibility, that Dr. ——, in diagnosticating the presence of cancer, had been deceived by the concretions of lymph surrounding and imprisoning the uterus in a mass of irregularly rounded outgrowths, it was proposed to give the patient the benefit of the doubt, and offer her, by acting on the presumption that she now suffered from the sequelæ of pelvic congestion, the only chance of recovery. Preliminary, however, to the inauguration of any curative means of a local character, it was evidently of the first importance to quiet the nervous system and allay the irritability of the stomach. The first indication was met by the one-thirty-second of a grain of morphia every two or three hours,

and the second by injections, laxatives, selected articles of diet, etc. By these means, and those of a similar character, the nerve-erethism was tranquillized, sleep induced, pain blunted, gastric irritability assuaged, intestinal torpor overcome, and digestion renewed.

This much being effected, it was thought, as suppuration had not taken place, and was, from the continued absence of inflammatory symptoms, not even threatened, that there was a reasonable prospect of the effused lymph being absorbed, and of the internal genitalia being thus restored to their original condition. To effect this result in a patient whose vitality was reduced to so low an ebb, the chief reliance was of necessity placed upon constitutional remedies. By these the blood must be enriched, the nerves strengthened, and the organic forces, the joint action of which is what we call vitality, set in operation, before the congestion can be reached and its results removed. Indeed, the lymph surrounding the uterus being semi-organized could only be broken down, and carried into the circulation by improving the blood-supply and nerve-force, and the most attainable by leeching or scarification would be the dispersion of the surrounding congestion, which, when of an atonic nature, is as much under the influence of general as local treatment. Consequently every care was taken to improve digestion, perfect assimilation, and strengthen the nerve-centres; for which purpose the stomach and bowels were regulated, bark, wine, iron, eggs, milk, animal broths, etc., were assiduously plied, and a proper share of sleep was secured. Conjointly with these means, a leech was employed on two occasions to unburden the atonic capillaries, and injections of borax were ordered to relieve the mucous inflammation.

The treatment extended from Dec. 27th, 1867, to March 6th, 1868.

At the last date, the patient being cured, I discontinued my visits.

Jan. 1871.—Mrs. D—— at the present time has no uterine symptoms, no pelvic discomfort, no pain with the menses, which are otherwise normal, no disorder of the bladder or

rectum, and no ill feeling from the flexure; and she is also free from any general disorder, and has acquired a fresh, rosy countenance, gained twenty pounds in weight, and become active and vigorous. In a word, Mrs. D—— is in perfect health.

CASE CCCXXXVIII.

Congestion of Uterus, Ovaries, and Vagina; Subperitoneal Effusion of Lymph; Uterus impacted and semi-movable; Hyperæsthesia; Vaginitis; Vaginismus; Recovery.

The following case, which I attended during the fall of 1867 in consultation with Dr. ——, presents the incipient stage of the special phase of uterine disease, that in a chronic form was detailed in the preceding.

The clinical history, however, as notes were not taken at the time, is drawn from my recollections, which are, from the severity of the symptoms, particularly fresh and vivid.

Mrs. ——, about 28 years old, and married several years, but never pregnant, had, from wetting her feet on the advent of a monthly period, a sudden suppression of the discharge. On this event there arose directly severe neuralgic pains through the back, hips, and pelvis, and shortly after a high grade of fever, as high as is seen in any ordinary inflammation. At my first visit, the third day of the patient's illness, her skin was hot, her thirst excessive, her face flushed, her pulse full and rapid, her tongue coated, and her stomach irritable and nauseated; and she, prostrated by fever, pain, and loss of sleep, lay in bed with her legs drawn up like one suffering from puerperal inflammation of the uterus. The attempt being made to straighten her limbs, she complained bitterly of an intolerable pain, that darted through the cavity of the pelvis. This pain, mitigated by relaxing, and intensified by putting the psoas magnus and iliacus internus muscles on the stretch, was acute and distressing at all times, and seemed to indicate, as far as symptoms could, that the initial stage of inflammation had become established, and would, as a necessary result, terminate in suppuration. This view appeared still more plausible when the condition of the abdomen was examined, inasmuch as it was distended with gas, and pre-

sented at its lower portion, above the superior border of the pubic bones, a hard, unyielding surface, that was so intolerant of pressure, as to forbid any but the gentlest handling.

Examination by Touch.—The vagina is hot, supersensitive, and spasmodically contracted. The uterus occupies its normal position, retains its usual inclination, is acutely alive to the lightest touch, gives but slightly to pressure of the finger, and is imprisoned in a bed of lymph that, being effused principally under the peritonæum covering the uterus, and but sparingly within the folds of the broad ligaments, imparts the feeling as though the corpus uteri was, at its union with the cervix, bulged outward by an enlargement of its walls. The cervix, however, unaltered in size or shape, maintains its proper relation to the other pelvic organs.

Examination by Touch and Palpation.—From the distention of the bowels, the spastic contractions of the abdominal muscles, and the extreme pain caused by pressure externally at the hypogastrium, or internally on the cervix, little was added to the facts already gleaned from other sources, excepting this: It was now rendered more certain that we had to deal with the acute stage of a disease, erroneously thought to be, *ab initio*, inflammatory in its nature, and named pelvic cellulitis.

Examination by Speculum.—The vagina containing a watery, acrid secretion, is of a bright-scarlet color, and the cervix maintaining its virgin shape and size, presents a like appearance, but the os, giving exit to no excess of mucus, is neither expanded nor eroded.

Having come to the conclusion, in which the attending physician concurred after hearing the arguments in its support, that, from the suppression of the menses, an inordinate congestion of the internal genitals had suddenly supervened, and as suddenly eventuated in the transudation of the liquor sanguinis on the outer face of the uterus, I suggested the expediency of supplying the menstrual by an artificial loss of blood, and the possibility, through thus imitating the natural process, of preventing inflammation, and bringing the effusion within the powers of the absorbents. To carry out this plan, it was important to

secure a prompt and liberal flow of blood directly from the suffering organs, a flow sufficient to unload the engorged vessels of the uterus, ovaries, and vagina. With this view, two large leeches were applied to the cervix. These caused so free a hæmorrhage at the time, and for several hours afterward, that from six to eight ounces of blood were lost.

To perpetuate the immediate relief thus afforded the uterine vessels by this depletion, and aid in permanently reducing the fever, quelling the pain, equalizing the circulation and dispelling the congestion, the assistance of general remedies was now invoked. For this purpose camphorated Dover's powders were administered, stupes applied to the abdomen, and other means of a similar character directed. On the next day, when a remarkable change for the better had taken place, the fever being subdued and the pelvic symptoms lessened, saline purgatives, in addition to the sedative and diaphoretic treatment that was still pursued, were given to free the intestines of fæces, and cause a drain of serum from the intestinal mucous membrane.

As the improvement by this course of treatment steadily followed was rapid, and accomplished all that could be desired, it was not deemed requisite to repeat the examinations until four or five days had elapsed, when, strange to say, the evidences of congestion had mostly disappeared, the lymph being absorbed, the uterus mobile and not supersensitive, and the vagina relaxed and not inflamed.

From this date to the conclusion of the treatment, which occupied five weeks, the extreme debility of the patient demanded the free use of tonics; but the speculum was not required except on two occasions, when, from the moderate amount of uterine congestion still remaining, puncture and scarification were alone employed.

That the recovery was permanent, and did not leave any lurking disorder in the uterine organs, is known, as the patient was found, several weeks after the discontinuance of treatment, quite well in every respect, not even complaining of the slightest pelvic discomfort.

CASES CCCXXXIX.–CCCLVII. ABBREVIATED.

CASE CCCXXXIX.

B. B——, æt. 30; married fifteen years; never pregnant. *Diagnosis.*—Congestion of uterus, ovaries, and vagina. *Exam. by Speculum.*—Neck, of deepened color; os, and inner cervix, of normal calibre, os, not eroded. *Symptoms.*—Menses, irregular, and inaugurated with labor-like pains, which abate when the flow becomes free; at periods, breasts, tumid, and painful, and their areolæ, of deepened color; pelvic disorders, trivial; no vaginal discharge; general condition, good. *Duration.*—Fifteen years. *Cause.*—Sterility. *Treatment.*—Scarification. *Result.*—Made one visit.

CASE CCCXL.

A. D——, æt. 27; widow; never pregnant. *Diagnosis.*—Congestion of uterus, ovaries, and vagina. *Exam. by Speculum.*—Neck, of bright-red color; os, not eroded. *Symptoms.*—Menses return every three weeks, and are copious and painful; uneasy feeling in sacrum, but none over hips, or down pelvis; no tenderness in iliac or hypogastric region; leucorrhœal discharge, free and lumpy; debility; anorexia; constipation. *Duration.*—Eight years. *Cause.*—Sterility. *Treatment.*—Oct. 19th to Dec. 9th. Tonics; laxatives; scarification; caustic. *Result.*—Discontinued her visits.

When last seen, this patient was nearly cured, the congestion being removed, and a slight mucous discharge alone remaining. Whether or not her recovery was complete and permanent, is unknown.

CASE CCCXLI.

A. McG——, æt. 35; married ten years; never pregnant. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; prolapsus uteri et vesicæ. *Exam. by Touch.*—Uterus, in axis of excavation; bladder, sunk in vagina. *Exam. by Speculum.*—Neck, of bright-red color; os, not eroded, but congested, bleeding on touch. *Symptoms.*—Menses, too free, but not painful; pain in back and over hips; tenderness in hypogastric and iliac regions; irritability of bladder; weight and pressure in pelvis, on walking; vaginal discharge, copious, and flaky; strength, defective; nerves, excitable; appetite, poor; bowels, bound. *Duration.*—Nine years. *Cause.*—Sterility. *Treatment.*—Cathartics; tonics; caustic, (solid,) once. *Result.*—Made two visits.

CASE CCCXLII.

E. H——, æt. 26; married three years; never pregnant. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; prolapsus uteri et vesicæ. *Exam. by Touch.*—Cervix, near floor of pelvis; bladder, sunk in vagina. *Exam. by Speculum.*—Neck, of bright-red color; os, not eroded. *Symptoms.*—Menses appeared in her sixteenth year, and are regular, but scanty, light-colored, and painful; less suffering at periods, when flow is free and red; no pain in back or hips; pain and tenderness over pubes, increased by exercise, and rendered severe by menstruation; vaginal discharge; health, impaired; appetite, good; bowels, regular. *Duration.*—Eleven years, since puberty. *Cause.*—Scanty menses. *Treatment.*—Oct. 6th to Apr. 1st. Tonics; caustic, (solid,) Oct. 6th; scarification, Oct. 18th; caustic, Nov. 1st, 10th, and 22d; scarification, Dec. 8th; chromic acid, Jan. 13th and Feb. 9th; caustic, Feb. 28th; scarification and caustic, Mar. 25th; scarification, Apr. 1st. *Result.*—Dismissed cured.

July 25.—Mrs. H——'s recovery is completely established.

CASE CCCXLIII.

E. S——, æt. 26; married five years; never pregnant. *Diagnosis.*—Congestion of uterus, ovaries, and vagina. *Exam. by Speculum.*—Neck, of deepened color; os, not eroded. *Symptoms.*—Menses appeared in her seventeenth year, and were normal; past eight months, menses return about every fourteenth day, and are excessive and clotted; lumbar weakness; pain and tenderness above pubes; leucorrhœal discharge, constant and copious; vesical irritation; debility; anorexia; constipation. *Duration.*—Eight months. *Cause.*—Unknown. *Treatment.*—June 6th to Oct. 26th. Cathartics; tonics; scarification, June 6th and 15th; two leeches, June 27th, July 11th, and Aug. 15th; scarification, Aug. 22d, 29th, Sept. 12th, Oct. 5th, 12th, 19th, and 26th. *Result.*—Discontinued her visits.

In this case, on two occasions, the uterine disease seemed nearly cured, and yet, after the succeeding monthly period, it returned in full force. It is probable that no permanent advantage was secured.

CASE CCCXLIV.

R. M——, æt. 33; married eleven years; never pregnant. *Diagnosis.*—Congestion of uterus, ovaries, and vagina. *Exam. by Speculum.*—Neck presents natural appearance; inner cervix bleeds on touch; os, not eroded; vagina, inflamed. *Symptoms.*—Menses appeared in

her twelfth year, and were normal; past five years, menses rarely absent more than a week at a time; excessive pain *in coitû*; syphilis, nine years ago; lumbar and pelvic pains; pruritus; mucous discharge. *Duration.*—Five years. *Cause.*—Unknown. *Treatment.*—Two weeks. Scarification, twice; bleeding from cuts, very free. *Result.*—Discontinued her visits.

This patient returned to the *Clinique* the third week after treatment. There was marked improvement in all her symptoms. The menses, due some days previous, failed to appear. Conception being thought possible, if not probable, scarification was not resumed. Subsequently she did not return.

CASE CCCXLV.

Mrs. F——, æt. 30; married four years; never pregnant. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; narrowing of inner cervix; vaginitis. *Symptoms.*—Menses, attended with great suffering, since their advent; lumbar and pelvic pains; itching, burning, and scalding sensations in vagina. *Duration.*—Fourteen years. *Cause.*—Stricture. *Treatment.*—Dilatation; scarification; caustic. *Result.*—Dismissed cured.

Nov. 4, 1868.—Mrs. F—— has, since under treatment three years ago, been free from pelvic disorders, but still has not conceived. She is now affected with a gonorrhœa, contracted from her husband.

CASE CCCXLVI.

E. H——, æt. 45; married; never pregnant. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; procidentia; cystocele; vaginocele; vaginitis. *Inspection.*—Cervix, external; bladder and vagina, protruding through introitus; os, not eroded; vagina, inflamed. *Symptoms.*—Ill health dates from the seventeenth year of her age, at which time the menses made their first appearance; lumbar and pelvic pains; weight and pressure at outlet of pelvis; mucous discharge. *Duration.*—Twenty-eight years. *Cause.*—Unknown. *Treatment.*—None. *Result.*—Made one visit.

This patient refusing to enter the Hospital, the treatment of the uterine congestion and displacement was not attempted.

CASE CCCXLVII.

M. O. N——, æt. 26; single. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; narrowing of inner cervix. *Exam. by Speculum.*—Neck, of bright-red color; os and inner cervix contracted. *Symptoms.*—

Menses appeared in her nineteenth year, and have always been extremely painful, and at times attended with vomiting and hysterical phenomena; dysmenorrhœa lessens as the flow becomes more free; constant dragging sensation in back, through hips, and down pelvis; vaginal discharge; general condition, good. *Duration.*—Eight years. *Cause.*—Stricture. *Treatment.*—Sponge tent, introduced. *Result.*—Made one visit.

As the tent was from neglect on the part of the patient, left *in situ*, it must have continued to excite irritation, until washed away by the cervical secretion.

CASE CCCXLVIII.

M. R——, æt. 30; single. *Diagnosis.*—Congestion of uterus, ovaries, and vagina. *Exam's.*—None. *Symptoms.*—Menses have, the last two years, continued from eight to nine days, and been clotted and very free; menses now present four weeks; dragging pains in back and loins; tenderness in ovarian region; leucorrhœa; marked anæmia, with its usual attendants; pulse 104. *Duration.*—Two years. *Cause.*—Unknown. *Treatment.*—One month. General remedies. *Result.*—Discontinued her visits.

The condition of the patient, when she interrupted the treatment, is not recorded.

CASE CCCXLIX.

J. R——, æt. 19; single. *Diagnosis.*—Congestion of uterus, ovaries, and vagina. *Exam's.*—None. *Symptoms.*—Ill health dates from accession of menses in her fifteenth year; menses last from four to five days, and are excessive and ushered in with great pain, that subsides as the flow becomes established; blood, thin; stomach, disordered. *Duration.*—Five years. *Cause.*—Stricture, congestive. *Treatment.*—Tonic. *Result.*—Made one visit.

CASE CCCL.

A. H——, æt. —; married seven years; never pregnant. *Diagnosis.*—Congestion of uterus, ovaries, and vagina. *Symptoms.*—Menses have, the past three months, been clotted, very free, and nearly constant; breasts, tumid and painful; milk-tubes, enlarged; areolæ, of a deeper red color; anæmia; anorexia. *Duration.*—Three months. *Cause.*—Sterility. *Treatment.*—Muriated tincture of iron. *Result.*—Discontinued her visits.

The menses became nearly normal, and the pelvic congestion was greatly relieved. The ultimate result is unknown.

CASE CCCLI.

Mrs. R——, æt. 21; married nine m nths; never pregnant. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; prolapsus uteri. *Exam. by Touch.*—Uterus, at normal angle; cervix, near floor of pelvis. *Exam. by Speculum.*—Neck, of deepened color; os, not eroded. *Symptoms.*—Menses, ushered in with severe pain, which abates with the flow; at her periods, the breasts become extremely sensitive, and so intolerant of pressure that she is obliged to loosen her dress; tympanites; pain in back and through hips; vaginal discharge, gelatinous and lumpy; anæmia with its attendants; constipation. *Duration.*—Nine months. *Cause.*—Sterility. *Treatment.*—Cathartics; iron; scarification, once. *Result.*—Made three visits.

CASE CCCLII.

Mrs. B——, æt. 25; married eight years; never pregnant. *Diagnosis.*—Congestion of uterus, ovaries, and vagina. *Symptoms.*—Before marriage, menses were normal, but since, especially the past two years, have recurred about every two weeks, continued from eight to ten days, and been very free; leucorrhœal discharge, copious and watery; lumbar and pelvic pains; blood, thin; expression, haggard; pulse, feeble; bowels, sluggish; liver, torpid; stomach, disordered. *Duration.*—Eight years. *Cause.*—Sterility. *Treatment.*—1866. General remedies; scarification; caustic. *Result.*—Made four visits.

May, 1870.—Mrs. B—— was confined at term, three years ago, and, at the present time, enjoys perfect health.

CASE CCCLIII.

E. W——, æt. 24; married four years; never pregnant. *Diagnosis.*—Congestion of uterus, ovaries, and vagina. *Exam. by Speculum.*—Neck, of bright-red color; vagina, inflamed. *Symptoms.*—Complaining since puberty; menses, always irregular, and excessively painful; leucorrhœa; pruritus; general condition, good. *Duration.*—Eight years. *Cause.*—Stricture. *Treatment.*—Injections of chlorate of potash; scarification, once. *Result.*—Made two visits.

CASE CCCLIV.

M. D——, æt. 29; single. *Diagnosis.*—Congestion of uterus, ovaries, and vagina. *Exam. by Speculum.*—Neck, of deepened color; vagina, inflamed. *Symptoms.*—Menses, infrequent, scanty, light-colored, and attended with much suffering; lumbar pain, extending

over left hip, up left side, and down left leg; lack of power in left half of body; tenderness in left ovarian region; pain in pelvis, when bowels move; pressure and weight, on walking; pruritus; vaginal discharge, watery and acrid; anæmia, with all its attendants; patient, employed, the past three years, on the sewing-machine. *Duration.*—Two years. *Cause.*—Scanty menses. *Treatment.*—Iron; bitters; one leech. *Result.*—Made one visit.

CASE CCCLV.

A. T——, æt. 25; married eighteen months; never pregnant. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; hyperæsthesia; vaginitis. *Exam. by Speculum.*—Neck, of bright-red color; vagina, inflamed. *Symptoms.*—Menses recur about every fourteen days, continue a week, and are profuse, clotted, and attended with unusual suffering; lumbar pains, extending over hips; tenderness in left ovarian region; leucorrhœa; breasts, swollen, and sensitive during periods; gastric and hepatic disorder. *Duration.*—Ten months. *Cause.*—Sterility. *Treatment.*—Laxatives; tonics; scarification, once. *Result.*—Made two visits.

CASE CCCLVI.

M. G——, æt. 40; single. *Diagnosis.*—Congestion of uterus, ovaries, and vagina. *Exam's.*—None. *Symptoms.*—Health, perfect until the past winter, when she was frightened by a ghost; menses, profuse, clotted, and attended with much suffering; lumbar pains, extending over hips; tenderness in hypogastric and iliac regions; leucorrhœa; the many disorders, due to anæmia. *Duration.*—Six months. *Cause.*—Fright. *Treatment.*—Muriated tincture of iron. *Result.*—Made two visits.

CASE CCCLVII.

E. W——, æt. 29; single. *Diagnosis.*—Congestion of uterus, ovaries, and vagina; prolapsus uteri et vesicæ; vaginitis; vaginismus. *Exam. by Touch.*—Uterus, in axis of excavation; cervix, near introitus; bladder, sunk in vagina; sphincter, spasmodically closed. *Exam. by Speculum.*—Neck, congested, and covered with deep-red points; vagina, inflamed. *Symptoms.*—Menses stopped suddenly three years ago, and then appeared infrequently, but now recur regularly; lumbo-sacral pains, extending over hips; tenderness at brim of pelvis; vesical irritability; leucorrhœa, copious and constant; no increase of symptoms from exercise; watery state of blood; nerve-

prostration. *Duration.*—Three years. *Cause.*—Suppressio mensium. *Treatment.*—Nov. 9th to Jan. 5th. Tonics; injections of borax; leeching, once; scarification, once. *Result.*—Discontinued her visits.

In this case the sudden disappearance of the congestion was remarkable. The loss of blood, by unloading the capillaries, removed the vaginitis, vaginismus, and leucorrhœa. Her health also was much improved. A complete cure was, as far as the eye could detect, attained. Whether or not the menstrual act relighted the disease, as is so common an occurrence in the virgin uterus, is unknown.

CHAPTER XI.

SUMMARY.

Table of Class I., of Class II., of Class III., of Class IV., of Class V., of Class VI., of Class VII.—Table, General.—Aphorisms of Uterine Therapeutics, I.–XI.

By analyzing the cases that have individually been the subject of study in the foregoing pages, and by grouping in a tabular form their more salient and distinctive characteristics, the *tout ensemble* of womb-disease will be presented at a glance. Thus the more important particulars, which can only be gathered by consulting the cases in detail, may be brought distinctly into view, the whole subject embraced in a small compass, and the principal facts epitomized in a few words.

These cases, considerable in number, recorded by assistants conversant with the facts, observed in a public *Clinique* by medical men and students, and studied, as far as possible, without the warping influence of bias, or the blinding power of preconceived opinions, and with the sole purpose of transcribing accurately the histories of disease and the results of treatment, ought by right to challenge attention, and receive a larger share of regard than is awarded to statements based upon deductions having no premises more reliable than the general impressions and current opinions of writers.

As will appear, this summary invalidates the doctrines generally held by uterine specialists, sanctions conclusions at variance with their teachings, and, in as far as clinical data are authoritative, demonstrates certain propositions in Hysterology that are irrefutable, except by a like record.

This summary likewise presents succinctly the clinical facts that constitute the groundwork of the author's reasoning, the premises of his arguments, the proofs of his deductions, the basis of his pathology, and the claims of his therapeutical views and method of treatment. These facts, gathered from an extended field of observation, and tested in every possible way for any and

all sources of fallacy, confirm in a manner the most positive, if practical results are accepted as decisive, the cardinal principles of Hysterology that are enunciated and maintained in this work.

TABLE OF CLASS I.—NULLIPARÆ AND MULTIPARÆ.

Cases	84
Oldest	51 yrs.
Youngest	18 yrs.
Nulliparæ	49
Multiparæ	35
" having viable children	29
" not having viable children	6
Number aborting	14
Children	89
Abortions	26

DATE OF MISCARRIAGE.

Second month	1
Third "	17
Fourth "	1
Fifth "	1
Sixth "	0
Unknown	6

CAUSE.

Labor	7
Abortion	7
Sterility	18
Stricture	6
Abscess of inner cervix	1
Suppressio mensium	2
Polypus	11
Prolapsus uteri	2
Procidentia	1
Anteflexion	4
Retroflexion	1
Retro-lateral flexion	1
Anæmia	6
Dysentery	1
Unknown	16

DURATION OF DISEASE.

Longest time	15 yrs.
Shortest "	3 mos.
Mean "	3 yrs 2 mos.

TREATMENT.

Local	57
Constitutional	27

COMPLICATIONS.

Sterility	35
Stricture	4
Abscess of inner cervix	1
Polypus	11
Anteflexion	4
Retroflexion	1
Retro-lateral flexion	1
Anteversion	1
Retroversion	2
Prolapsus uteri	13
" vesicæ	9
Procidentia	2
Vaginocele	2
Hyperæsthesia	2
Vaginitis, desquamative	7
Erosion	1
Spurious pregnancy	1
Purpura	1

OF THE 57 CASES TREATED LOCALLY.

Cured	*35
Benefited	6
Interrupted	16
Cured and became pregnant	7
Sterility in nulliparæ cured	4

DURATION OF TREATMENT IN THE 35 CASES CURED.

Longest time	2 yrs 6 mos.
Shortest "	1 wk.
Mean "	3 mos.

COMPLICATIONS IN THE 35 CASES CURED.

Sterility	7
Stricture	1

* In estimating the ultimate result, the probable recoveries are ranked as "cured," but the doubtful as "benefited."

Polypus	8
Anteflexion	3
Retro-lateral flexion	1
Anteversion	1
Retroversion	2
Prolapsus uteri	7
" " pessary used	3
Prolapsus vesicæ	5
Prolapsus vesicæ pessary used	2
Procidentia	2
" pessary used	1
Vaginocele	1
" pessary used	1
Hyperæsthesia	2
Vaginitis, desquamative	5

TABLE OF CLASS II.—MULTIPARÆ.

Cases	96
Oldest	40 yrs.
Youngest	21 yrs.
Number aborting	41
Children	308
Abortions	77

DATE OF MISCARRIAGE.

Second month	7
Third "	30
Fourth "	4
Fifth "	5
Sixth "	2
Unknown	29

CAUSE.

Labor	55
Abortion	13
Suppressio mensium	5
" lochium	1
Scanty menses	2
Metritis	1
Anæmia	
Syphilis	1
Unknown	17

DURATION OF DISEASE.

Longest time	15 yrs.
Shortest "	2 mos.
Mean "	3 yrs 5 mos.

TREATMENT.

Local	66
" second time	2
Constitutional	0
None—pregnancy	2

COMPLICATIONS.

Anteversion	2
Retroversion	1
Prolapsus uteri	25
" vesicæ	11
" vaginæ	3
Vaginocele	5
Cystocele	1
Hyperæsthesia	3
Vaginitis, desquamative	4
" gonorrhœal	1
Erosion	41
Vascular tumor	1
Fibrous "	1
Scanty menses	2
Syphilis	2
Purpura	1
Pregnancy	2
Spurious pregnancy	1

OF THE 66 CASES TREATED LOCALLY.

Cured	43
Benefited	5
Interrupted	18
Cured second time	2
" and became pregnant	20

DURATION OF TREATMENT IN THE 43 CASES CURED.

Longest time	11 mos.
Shortest "	1 wk.
Mean "	3 mos.

COMPLICATIONS IN THE 43 CASES CURED.

Anteversion	1
Retroversion	1
Prolapsus uteri	13
" " pessary used	4
" vesicæ	6

Prolapsus vesicæ pessary used	1
" vaginæ	2
" " pessary used	1
Vaginocele	4
Cystocele	1
Hyperæsthesia	2
Vaginitis, desquamative	2
Vaginitis, gonorrhœal	1
Erosion	31
Syphilis	1
Purpura	1
Vascular tumor	1
Fibrous "	1
Spurious pregnancy	1

TABLE OF CLASS III.—MULTIPARÆ.

Cases	27
Oldest	45 yrs.
Youngest	23 yrs.
Number aborting	11
Children	87
Abortions	24

DATE OF MISCARRIAGE.

Second month	4
Third "	2
Fourth "	2
Fifth "	0
Sixth "	1
Unknown	15

CAUSE.

Labor	8
Abortion	5
Abscess of inner cervix	1
Scanty menses	1
Polypus	1
Change of life	2
Unknown	8

DURATION OF DISEASE.

Longest time	11 yrs.
Shortest "	2 mos.
Mean "	3 yrs 1 mo.

TREATMENT.

Local	26
" second time	1
None—pregnancy	1

COMPLICATIONS.

Anteversion	2
Retroversion	1
Hypertrophy	7
Prolapsus uteri	14
" vesicæ	10
" vaginæ	1
Vaginocele	2
Procidentia	1
Vaginitis, desquamative	2
" gonorrhœal	1
Erosion	14
Polypus	2
Scanty menses	1
Amenorrhœa	2
Abscess of inner cervix	2
Adhesions	1
Change of life	2
Hæmoptysis	1
Hæmatemesis	1
Pregnancy	1
Semi-paralysis	1

OF THE 26 CASES TREATED LOCALLY.

Cured	21
Interrupted	5
Cured second time	1
" and became pregnant	2

DURATION OF TREATMENT IN THE 21 CASES CURED.

Longest time	7 mos.
Shortest "	2 wks.
Mean "	3 mos 2 wks.

COMPLICATIONS IN THE 21 CASES CURED.

Anteversion	2
Retroversion	1
Prolapsus uteri	13
" " pessary used	4
" vesicæ	8
" " pessary used	2
" vaginæ	1
Vaginocele	2
" pessary used	2
Vaginitis, desquamative	2
" gonorrhœal	1

Erosion	7
Polypus	1
Hypertrophy	7
Abscess of inner cervix	1
Amenorrhœa	1
Hæmoptysis	1
Hæmatemesis	1
Semi-paralysis	1

TABLE OF CLASS IV.—MULTIPARÆ.

Cases	73
Oldest	56 yrs.
Youngest	18 yrs.
Number aborting	41
Children	287
Abortions	79

DATE OF MISCARRIAGE.

Second month	5
Third "	34
Fourth "	7
Fifth "	4
Sixth "	4
Unknown	25

CAUSE.

Labor	31
Abortion	25
Suppressio mensium	2
" lochium	4
Change of life	2
Escharotic	1
Metritis, puerperal	1
Fright	1
Unknown	6

DURATION OF DISEASE.

Longest time	18 yrs.
Shortest "	2 wks.
Mean	14 mos 1 wk

TREATMENT.

Local	28
Constitutional	42
None—pregnancy	3

COMPLICATIONS.

Anteversion	8
Retroversion	2
Hyperæsthesia	1
Hypertrophy	26
Enlargement from non-involution	42
" from mechanical obstruction	5
Prolapsus uteri	14
" vesicæ	14
" vaginæ	3
Procidentia	4
Vaginocele	6
Cystocele	3
Vaginitis, desquamative	5
Erosion	12
Stricture	1
Vascular tumor	1
Pregnancy	3
Change of life	1
Tuberculosis	3
Chronic diarrhœa	1

OF THE 28 CASES TREATED LOCALLY.

Cured	20
Interrupted	3
Cured and became pregnant	5

OF THE 34 CASES OF NON-INVOLUTION TREATED CONSTITUTIONALLY.

Cured	8
Interrupted	26
Cured and became pregnant	4

DURATION OF TREATMENT, LOCAL, IN THE 20 CASES CURED.

Longest time	17 mos, 2 wks.
Shortest "	1 mo.
Mean "	6 mos, 2 wks.

COMPLICATIONS IN THE 20 CASES CURED, TREATED LOCALLY.

Anteversion	7
Hypertrophy	11
Enlargement from non-involution	4
" from mechanical obstruction	4
Prolapsus uteri	8
" vesicæ	10
" vaginæ	1
Procidentia	4

Procidentia pessary used	4
Vaginocele	2
" pessary used	2
Cystocele	2
" pessary used	2
Hyperæsthesia	1
Vaginitis, desquamative	3
Erosion	8
Vascular tumor	1
Stricture	1
Tuberculosis	1
Change of life	1
Chronic diarrhœa	1

TABLE OF CLASS V. — MULTIPARÆ.

Cases	20
" simulating uterine	4
Oldest	42 yrs.
Youngest	22 yrs.
Number aborting	12
Children	59
Abortions	23

DATE OF MISCARRIAGE.

Second month	3
Third "	10
Fourth "	1
Fifth "	0
Sixth "	1
Unknown	8

CAUSE.

Labor	9
Abortion	7
Stricture	1
Gonorrhœa	1
Unknown	2

DURATION OF DISEASE.

Longest time	20 yrs.
Shortest "	7 wks.
Mean "	4 yrs, 3 wks.

TREATMENT.

Local	19
" second time	1
None—pregnancy	1

COMPLICATIONS.

Retroversion	2
Anteflexion	1
Hypertrophy	2
Hyperæsthesia	3
Prolapsus uteri	5
" vesicæ	2
Vaginitis, desquamative	17
Vulvitis	1
Vaginismus	2
Cystitis	1
Erosion	5
Vascular Tumor	3
Aneurism by anastomosis	1
Stricture	1
Pregnancy	1
Tuberculosis	1

OF THE 19 CASES TREATED LOCALLY.

Cured	14
Interrupted	5
Cured second time	1
" and became pregnant	2

DURATION OF TREATMENT IN THE 14 CASES CURED.

Longest time	1 yr.
Shortest "	1 mo.
Mean "	3 mos, 2 wks.

COMPLICATIONS IN THE 14 CASES CURED.

Retroversion	2
Hypertrophy	1
Hyperæsthesia	2
Prolapsus uteri	3
" " pessary used	2
Vaginitis, desquamative	13
Vulvitis	1
Vaginismus	2
Cystitis	1
Erosion	5
Vascular tumor	3
Aneurism by anastomosis	1
Stricture	1
Tuberculosis	1

TABLE OF CLASS VI.—MULTIPARÆ.

Cases	19
Oldest	41 yrs.
Youngest	21 yrs.
Number aborting	4
Children	47
Abortions	6

DATE OF MISCARRIAGE.

Second month	1
Third "	2
Fourth "	3
Fifth "	0
Sixth "	0
Unknown	0

CAUSE.

Labor	7
Abortion	3
Suppressio lochium	2
" mensium	1
Amenorrhœa	1
Polypus	1
Syphilis	1
Dysentery	1
Unknown	2

DURATION OF DISEASE.

Longest time	9 yrs.
Shortest "	1 mo.
Mean "	3 yrs, 6 mos.

TREATMENT.

Local	18
Constitutional	1

COMPLICATIONS.

Anteversion	1
Retroflexion with retroversion	1
Hypertrophy	9
Enlargement from non-involution	2
Hyperæsthesia	9
Prolapsus uteri	8
" vesicæ	3
Vaginitis, desquamative	15
Vaginismus	3
Erosion	6
Menorrhœa	1
Vascular tumor	1
Ovarian "	1
Polypus	1
Supposed pregnancy	1
Uterine colic	1
Epilepsy	2
Febris	2
Phlegmatia dolens	1
Trance	1
Trismus	1
Angina pectoris	1
Syphilis	1
Asthma	1
Paralysis	1
Laryngismus	1
Bronchocele	1
Aphonia	1
Inflammation of rectum	1

OF THE 18 CASES TREATED LOCALLY.

Cured	12
Interrupted	6
Cured and became pregnant	5
" by growth of ovarian tumor	1

DURATION OF TREATMENT IN THE 13 CASES CURED.

Longest time	17 mos.
Shortest "	1 wk.
Mean "	7 mos.

COMPLICATIONS IN THE 13 CASES CURED.

Anteversion	1
Retroflexion with retroversion	1
Hypertrophy	8
Hyperæsthesia	8
Prolapsus uteri	5
" " pessary used	1
Prolapsus vesicæ	1
Vaginitis, desquamative	9
Vaginismus	2
Erosion	3
Vascular tumor	1
Ovarian "	1
Polypus	1

Epilepsy	1
Febris	2
Phelgmatia dolens	1
Trance	1
Trismus	1
Angina pectoris	1
Syphilis	1
Asthma	1
Paralysis	1
Laryngismus	1
Bronchocele	1
Aphonia	1

TABLE OF CLASS VII.—NULLIPARÆ.

Cases	31
Oldest	45 yrs.
Youngest	19 yrs.

CAUSE.

Sterility	10
Stricture	5
Suppressio mensium	2
Scanty menses	2
Preternatural length of cervix	1
Gonorrhœa	1
Anteflexion	1
Fright	2
Unknown	7

DURATION OF DISEASE.

Longest time	28 yrs.
Shortest "	3 dys.
Mean "	6 yrs.

TREATMENT.

Local	26
Constitutional	5

COMPLICATIONS.

Anteversion	1
Anteflexion	2
Hyperæsthesia	11
Prolapsus uteri	10
" vesicæ	7
" vaginæ	1
Procidentia	1
Vaginocele	1
Cystocele	1
Vaginitis, desquamative	17
" gonorrhœal	6
Vaginismus	6
Erosion	3
Stricture	4
Amenorrhœa	1
Scanty menses	2
Pelvic cellulitis	2
Membranous dysmenorrhœa	1
Preternatural length of cervix	1
Dementia	1
Laryngismus	1
Epilepsy	1
Angina pectoris	1

OF THE 26 CASES TREATED LOCALLY.

Cured	11
Interrupted	15
Cured and became pregnant	2
" by change of climate	1

DURATION OF TREATMENT IN THE 12 CASES CURED.

Longest time	13 mos, 2 wks.
Shortest "	3 wks.
Mean "	4 mos, 3 wks.

COMPLICATIONS IN THE 12 CASES CURED.

Anteversion	1
Anteflexion	1
Hyperæsthesia	8
Prolapsus uteri	6
" vesicæ	4
" vaginæ	1
Vaginitis, desquamative	9
Vaginismus	4
Stricture	3
Membranous dysmenorrhœa	1
Pelvic cellulitis	2
Angina pectoris	1

GENERAL TABLE.

Cases	361
" complete	77
" abbreviated	284
" uterine, including the 4 cases treated second time	354
" non-uterine	7
Oldest	56 yrs.
Youngest	18 yrs.
Nulliparæ	80
Multiparæ	270
Number aborting	123
Children	877
Abortions	235

DATE OF MISCARRIAGE.

Second month	21
Third "	95
Fourth "	18
Fifth "	10
Sixth "	8
Unknown	83

CAUSE.

Labor	117
Abortion	60
Sterility	28
Polypus	13
Abscess of inner cervix	2
Stricture	12
Preternatural length of cervix	1
Suppressio mensium	12
" lochium	7
Prolapsus uteri	2
Procidentia	1
Anteflexion	5
Retroflexion	1
Retro-lateral flexion	1
Amenorrhœa	1
Scanty menses	5
Metritis	2
Escharotic	1
Gonorrhœa	2
Syphilis	2
Change of life	4
Anæmia	7
Dysentery	2
Fright	3
Unknown	58

DURATION OF DISEASE.

Longest time	28 yrs.
Shortest "	3 dys.
Mean "	3 yrs, 5 mos, 2 wks.

TREATMENT.

Local	240
Constitutional	108
None—pregnancy	7

COMPLICATIONS.

Sterility	85
Stricture	10
Polypus	14
Anteflexion	7
Retroflexion	1
Retro-lateral flexion	1
Retroflexion with retroversion	1
Anteversion	15
Retroversion	8
Prolapsus uteri	79
" vesicæ	56
" vaginæ	8
Procidentia	8
Vaginocele	16
Cystocele	5
Hyperæsthesia	29
Vaginitis desquamative	67
" gonorrhœal	3
Cystitis	1
Vulvitis	1
Erosion	82
Vascular tumor	6
Fibrous "	1
Ovarian "	1
Hypertrophy	44
Enlargement from non-involution	44
" " mechanical obstruction	5
Abscess of inner cervix	3
Preternatural length of cervix	1
Vaginismus	11
Aneurism by anastomosis	1

Membranous dysmenorrhœa	1
Inflammation of rectum	1
Pelvic cellulitis	2
Adhesions	1
Phlegmatia dolens	1
Amenorrhœa	4
Scanty menses	5
Pregnancy	7
Spurious pregnancy	3
Syphilis	3
Uterine colic	1
Purpura	2
Hæmoptysis	1
Hæmatemesis	1
Semi-paralysis	2
Tuberculosis	4
Change of life	3
Chronic diarrhœa	1
Epilepsy	3
Febris	2
Trance	1
Trismus	1
Angina pectoris	2
Aphonia	1
Asthma	1
Dementia	1
Laryngismus	2
Bronchocele	1

OF THE 240 CASES TREATED LOCALLY.

Cured	156
Benefited	11
Interrupted	73
Cured second time	4
" by growth of ovarian tumor	1
" " change of climate	1
" and became pregnant—multiparæ	42
" and became pregnant—nulliparæ	6

DURATION OF TREATMENT IN THE 158 CASES CURED, TREATED LOCALLY.

Longest time	2 yrs, 4 mos.
Shortest "	1 wk.
Mean "	4 mos, 2 wks.

OF THE 34 CASES OF NON-INVOLUTION TREATED CONSTITUTIONALLY.

Cured	8
Interrupted	26
Cured and became pregnant	4

COMPLICATIONS IN THE 158 CASES CURED, TREATED LOCALLY.

Sterility	7
Stricture	6
Polypus	10
Anteflexion	4
Retro-lateral flexion	1
Retroflexion with retroversion	1
Anteversion	13
Retroversion	6
Prolapsus uteri	55
" " pessary used	14
" vesicæ	34
" " pessary used	5
" vaginæ	5
" " pessary used	1
Procidentia	6
" pessary used	5
Vaginocele	9
" pessary used	5
Cystocele	3
" pessary used	2
Hyperæsthesia	23
Vaginitis desquamative	43
" gonorrhœal	2
Cystitis	1
Vulvitis	1
Erosion	54
Vascular tumor	6
Fibrous "	1
Ovarian "	1
Hypertrophy	27
Enlargement from non-involution	4
" " mechanical obstruction	4
Abscess of inner cervix	1
Vaginismus	8
Aneurism by anastomosis	1
Membranous dysmenorrhœa	1
Pelvic cellulitis	2
Phlegmatia dolens	1

SUMMARY.

Amenorrhœa	1	Epilepsy	1
Spurious pregnancy	1	Febris	2
Syphilis	2	Trance	1
Purpura	1	Trismus	1
Hæmoptysis	1	Angina pectoris	2
Hæmatemesis	1	Asthma	1
Semi-paralysis	2	Laryngismus	1
Tuberculosis	2	Bronchocele	1
Change of life	1	Aphonia	1
Chronic diarrhœa	1		

APHORISMS OF UTERINE THERAPEUTICS.

From a careful collation, comparison, and sifting of the evidence offered by the general record, as in the *résumé* above given of the chief particulars of each case, are derived, as legitimate deductions, the following aphorisms of Uterine Therapeutics. These aphorisms, stated for the sake of brevity and compactness in the form of propositions, comprehend the pathology, ætiology, diagnosis, prognosis, and therapeutics of womb-disease, and announce the cardinal principles that should be the point of departure, the basis of operations, the guide of every remedial effort for the subdual of disease, and the restoration of the vital forces—the nerve-power and the blood-supply—to their proper balance and healthful rhythm.

1. Uterine disease invariably falls within the limits of the menstrual age, neither arising before the advent, nor continuing after the decline of this epoch. In no case did the attack precede puberty, or follow the climacteric period, the youngest subject under treatment being eighteen, and the oldest fifty-six years of age.

2. The sexual life circumscribing the range of morbid actions, and alone presenting the conditions essential to their inception and continuance, the pathology hinges on the new order of things inaugurated with the menses.

3. A change of life, a retrograde step by which the internal genitalia return to their original condition, is Nature's mode of cure, a mode invariably certain.

4. This cure, radical and permanent, is effected by the withdrawal of the sexual instinct, the retrocession of the nerve- and blood-force, the cessation of ovulation, and the involution,

climacteric of the uterus and vagina; in a word, by the abolition of the physiological laws of puberty, and a return to those of childhood. Now the laws of nutrition, common to all parts, are alone operative.

5. During the child-bearing period, a chronic congestion has no tendency to a spontaneous resolution, except on the occurrence of pregnancy, inasmuch as the continuous solicitation of blood to the female organs by the ovarian stimulus, and the intermittent but greater influx attending animal desire, and the monthly *nidus*, keep alive and ever renew the congestion.

6. Pregnancy, since it institutes physiological laws as much higher than those of puberty, as the laws of puberty are higher than those of general nutrition, may override and overmaster a congestion, active and morbid, by substituting one active and normal; and then involution, since it institutes, on delivery taking place, other laws for the removal of effete tissue, may restore the uterus to the healthy state, by supplanting the hypertrophy by a natural atrophy.

7. Recent cases of congestion arising from suppression of the menses, from an interruption to the initial steps of involution at the termination of pregnancy, either before or at term, or from other like causes operating in a like manner, are many times cured by a free spontaneous hæmorrhage, menorrhagic or metrorrhagic.

8. Chronic cases of congestion are not benefited by a menorrhagia or a metrorrhagia, the discharge being a mere leakage from overcharged vessels that have lost their contractility.

9. General remedies are efficient in removing a recent congestion, and in promoting involution directly following delivery, especially when aided by a copious hæmorrhagic or menstrual flow.

10. The local treatment is demanded in all cases of womb-disease of a chronic nature, and in many of recent origin.

11. The local treatment is of equal efficacy in combating the constitutional as the pelvic disorders, and is, of itself, sufficient to cure the patient.

12. The constitutional treatment may, in confirmed cases, aid the local, but cannot, if employed alone, be other than delusive and temporizing.

13. The substratum, the remote causation, the germ of uterine disease is perversion of function.

14. The results of this perversion, physiological laws broken and thrown into disorder, are the only morbid conditions found in any case; in other words, the pathology is comprised in the confusion and aberration of normal operations.

15. The congestion of menstruation, physiological and intermittent, is converted into a congestion, pathological and continuous.

16. In nulliparæ morbid action is limited to this persistent vascular fulness.

17. In multiparæ the laws of pregnancy having once or more superseded those of menstruation, and imparted a new life-force, there exists not only vascular fulness, but structural change, simulating that pertaining to pregnancy; to wit, increased nutrition, formation of muscular fibres, growth and exuviation of the true uterine mucous membrane, etc.

18. The immediate causes of this vascular fulness are of two orders; the one impedes, disturbs, or interrupts the physiological laws of menstruation, and the other, those of involution.

19. Uterine disease being the result of a physiological obliquity—a straying of the organic forces in devious paths—is always restricted within the bounds of a congestion. Inflammation and its products are only met with, when a tissue contiguous to the uterine is implicated, as, for example, the areolar in pelvic cellulitis.

20. A judicious treatment restores the uterus, ovaries, and vagina to a state of integrity, in which the menses are normal, pregnancy is possible, and all local and general symptoms are absent.

21. The duration of uterine disease will only be limited by that of the menses, unless pregnancy or art interfere. The longest time recorded is twenty-eight years, the shortest, three days, and the mean, three years and five and a half months.

22. The prognosis, even with the adverse surroundings of a dispensary practice, is extremely favorable. Of the 244 cases (the 4 being added that relapsed and were cured the second time) treated locally, 160 were cured, and 11 benefited. One

recovered by a change of climate, and one by the growth of an ovarian tumor. The result in the 73 cases remaining is, from a discontinuance of the treatment, unknown.

23. That the success was greater than appears by these figures, is shown by the rarity of relapses.

24. It may safely be assumed, that in private practice from 85 to 90 *per cent* of the cases met with, admit of a perfect restoration to health.

25. In multiparæ, and also in nulliparæ when the cervical glands are alone affected, a favorable result will be nearly certain, unless organic disease coexist. Excluding Class VII., there remain 218 cases treated locally, of which 149 were cured, and 11 benefited. In one case, a cure was effected by the growth of an ovarian tumor. In 58 cases the result is unknown.

26. In nulliparæ, a chronic congestion is difficult to remove and prone to return. Of these cases, treated locally, 26 in number, 11 were cured, and 15 discontinued treatment. One patient was cured by a change of climate.

27. Neither the immediate effect, nor the ultimate result of treatment can with any degree of certainty be predicated of the nulliparous uterus; but in the multiparous, the prognosis is more favorable in uterine than in any other disease of a like gravity.

28. As, unlike many other pathological states, chronic uterine congestion has of itself no tendency to recovery, a cure, if effected, may be rightfully claimed by the physician as due to his treatment, and not to an effort of Nature.

29. By a cure is meant a restoration of the general system as well as the genital to a normal condition, one in which each organ of the body regains its proper *status* and functional activity.

30. The duration of treatment in the cases cured, belonging to Classes I.–VI. inclusive, averaged about four and one half months, the longest time being two and one third years, and the shortest one week.

31. The duration of treatment in the cases cured, belonging to Class VII., averaged four months and three weeks, the longest time being thirteen and a half months, and the shortest three weeks.

32. A multiparous uterus that, like a nulliparous, remains under the stimulus of congestion dense and unyielding, and presents a neck of the natural shape and a body of the natural bulk, is with great difficulty relieved of disease. Such a case too often foils the best directed and the most persistent efforts.

33. Erosion, puffiness, enlargement, and elongation of the cervix, and hypertrophy of the corpus, showing, as they do, a more spongy and succulent state of the uterine fibres, and consequently, a less degree of tension and irritability of the nerves, are favorable conditions.

34. Vaginitis is part and parcel of uterine congestion, and is due to the repletion of the erectile coat of the vagina. This repletion distending the vascular papillæ, induces mucous inflammation, which being consecutive, abates proportionately with the underlying congestion that feeds the papillæ, but is not benefited by a special treatment. Of the 160 cases cured, 43 had this complication.

35. Prolapsus of the uterus existed 55, of the bladder 34, and of the vagina 5 times in the cases cured. Of these, 20 required the use of a pessary.

36. Procidentia existed 6, cystocele 3, and vaginocele 9 times in the cases cured. Of these, 12 required the use of a pessary.

37. Anteversion complicated the cases cured 13 times, retroversion 6, anteflexion 4, retro-lateral flexion 1, and retroflexion with retroversion 1. These changes in the position and form of the uterus, on the congestion being removed, gave little or no inconvenience, and in no instance required officious intermeddling.

38. Congestion imparts to uterine displacements and distortions their chief significance, and primarily and principally demands attention.

39. Every plan of treatment that does not first of all aim to restore the circulation of the internal genitalia to its normal balance and rhythm, is always futile, and sometimes mischievous.

40. The complications attendant on uterine disease, however severe and numerous they may be, are, as a rule, removed with the congestion; but if not, the treatment appropriate to each will be demanded.

CHAPTER XII.

TREATMENT.

Congestion, Recent and Active—Cong., Recent and Passive—Cong., Chronic and Active, Uterine Disease, proper—Cong. of Uterus and Ovaries— Cong. of Cervix and Vagina—Cong. and Mucous Inflammation of Vagina—Cong. and Prolapsus—Cong. and Procidentia—Cong., Hypertrophy, and Anteversion—Cong., Hyper., and Retroversion—Cong., Hyper., and Anteflexion—Cong., Hyper., and Retroflexion—Cong., Hyper., and Antero-lateral Flexion—Cong., Hyper., and Retro-lateral Flexion—Cong., Hyper., Anteflexion and Anteversion—Cong., Hyper., Retroflexion, and Retroversion—Cong., Hyper., Anteflexion, Anteversion, and Prolapsus—Cong., Hyper., Retroflexion, Retroversion, and Prolapsus—Cong., Abrasion, Enlargement and Elongation of Cervix—Cong. and Stricture of Inner Cervix—Cong. and Pregnancy—Cong. and Change of Life—Cong. and Vascular Tumor—Cong. and Mucous Inflammation of Rectum—Cong. and Mucous Inflammation of Bladder—Prolapsus Uteri, Vesicæ, et Vaginæ—Cystocele—Vaginocele—Procidentia — Rectocele — Operations for Prolapsus, Procidentia, Cystocele, Vaginocele, and Rectocele—General Remedies—Prophylaxis.

THE treatment of benign disease of the uterus being deduced, as fully appears in the foregoing pages, from the personal observation of individual cases, and the study of the anatomical structure, the physiological laws, and the pathological aberrations of the genital organs, is established, provided correct inferences are drawn from the data presented, on a sure and stable therapeutical basis. It challenges attention by its rationality and efficiency. It is simple, uncomplicated, and harmonious in its details, and applicable universally to the ever-changing phases of morbid action. It proceeds on broad, general principles, pursues a uniform, consistent method, and eventuates, when faithfully carried out, in a simultaneous removal of local and general disorder. It follows the lead of Nature in her efforts to relieve the uterine capillaries by spontaneous hæmorrhages; and regarding congestion as the ever-present evil, the thorn in the flesh, aims to remove it by like losses of blood, and thus restore the balance of the nervous and vascular systems, and renew the healthful functional activity. It starts with the

facts, as palpable to the unprejudiced observer as any others, however common in medical science; namely, that womb-disease is circumscribed by the catamenial life, neither commencing before nor continuing after this period; that the vascular and nervous supply to the genitalia in childhood and old age is restricted to the limited requirements of nutrition, but during the child-bearing age is augmented to meet the demands of menstruation and pregnancy; that attendant on the menses there is for a period of four or five days a physiological congestion, which is resolved by a hæmorrhage, and a process simulating involution; that attendant on conception, there is a still greater physiological congestion, which being constantly on the increase for the term of nine months, and developing a body of a few ounces to one of as many pounds, is, on delivery taking place, resolved by the lochia, and a process of true involution; that the perversion of an intermittent and temporary into a continuous and seated congestion—the transition of the physiological into the pathological—is the initiatory step of every morbid action, the cause of every abnormal appearance, the source of every symptom, both the local and the constitutional, and, in short, the fruitful parent of the entire family of ills that wait upon uterine disease.

The treatment, therefore, ought to consist in the use, primarily, of those means that will assist the natural powers in freeing the genital blood-vessels of their burden, and, secondarily, of those that will, while this is being accomplished, remove the effects of disease and reëstablish the uterine, as well as the other organs, on a normal footing; in fact, restore the health in each and every particular. The congestion being a constant quantity, and varying only in degree or extent—a fixed pathological state, beginning and ending with the pelvic symptoms—claims the most sedulous care from first to last; whereas all other conditions, however threatening, being incidental to and symptomatic of this, the *fons et origo mali*, only merit slight regard, and often demand no special treatment when this, the exciting cause, is removed. This, the cardinal, fundamental principle of Hysterology, being accepted as the guide in therapeutics, it is of the highest importance to the

conduct of the treatment to ever hold in mind the anatomical structure and the physiological functions of the internal genitalia, and the varying peculiarities of the congestion, and the causes by which it is induced, intensified, and perpetuated, so that the plan of procedure may in each case be adapted to the modification and ultimate removal of diseased action.

Uterine congestion at its inception presents either the Recent and Active, or the Recent and Passive type, and when not speedily removed, soon terminates in the Chronic and Active. A sudden congestion may, directly on its supervention, resolve itself by a spontaneous hæmorrhage, may rapidly advance to inflammation, the recent and active inducing pelvic cellulitis or hæmatocele, and the recent and passive, uterine phlebitis; or may eventually become seated, and continue months or years in the chronic and active state, peculiar to all cases of womb-disease of any standing.

The veins of the uterus being so actively congested each month that they rupture and unload themselves, a prevention of, or a check to this natural mode of relief will, by exciting the irritability of the uterine nerves, increase the vascular fulness, and perpetuate it until a local loss of blood, spontaneous or artificial, shall remove the over-distention. Indeed, this loss is absolutely requisite to enable the circulation to resume its accustomed volume and force, and the uterus to return to its intermenstrual condition. This congestion, if intense and transcending all bounds, may extend from the uterine to the other pelvic vessels, and result in an effusion of serum—cellulitis—or of blood—hæmatocele—into the pelvic tissues; but if less excessive and restrained within ordinary limits, may be confined to the uterus, vagina, and ovaries, to the uterus and vagina, or to the uterus alone, and result in a profuse metrorrhagic or menorrhagic discharge. A vascular fulness from an interruption to the menses, whatever its degree or extent, is always active, and whenever it is not lessened by hæmorrhage, soon falls into a chronic and active disease.

A suppression of the lochia, the chief office of which is to afford an outlet to the blood that is, following delivery, stagnant in the spongy, flaccid uterine walls, causes an excessive passive conges-

tion, which may, from the low vitality of the uterus and the lack of tonicity in its veins, run into inflammation, uterine phlebitis, seek relief by hæmorrhage, metrorrhagia, or terminate in a chronic state that is always active.

An insufficiency of the lochia, or any other defect in the retrograde steps by which the physiological hypertrophy of pregnancy is removed and the uterus restored to its original condition, will, proportionately to the incompleteness of the involution, occasion various degrees of passive congestion. This, little prone to induce inflammation, may be dispersed by hæmorrhagic efforts, or perpetuated in the chronic and active form as in the other examples just given.

Hence uterine congestion, when recent, might be either active or passive, but when chronic, would always be active. This activity, a notable characteristic of all cases of any continuance, is due to the menses, the excitement from which, now greatly intensified by the exalted uterine irritability, renews the congestion, and by the periodical and ever-recurring addition of fuel to the flames—a relighting of the pathological by the physiological congestion—blends in one the peculiarities of a chronic, and an active disease.

In recent and active congestion, before the tonicity of the veins is lost by prolonged distention, and also in recent and passive congestion following parturition, on which event the physiological laws of involution second a suitable course of medication, the constitutional treatment will prove in the majority of instances highly efficient; and yet, when recent and active, or recent and passive congestion has settled into chronic and active, the vital resistance is so overpowered and general remedies meet with so feeble a response, that no treatment will be of the slightest avail, unless aided by the topical abstraction of blood. The change of plan, however, in the treatment is apparent, not real, as whatever the type of congestion, the direct loss of blood from the part affected is absolutely necessary to the attainment of a cure. In the one case the physician reestablishes the general health, whilst Nature institutes the depletion; whereas in the other he fulfils both indications, im-

proves the tone of the system and unloads the uterine veins simultaneously.

RECENT AND ACTIVE CONGESTION.

A check to the menses, either partial or complete, occasions a proportionate hyperæmia of the uterine capillaries, and awakens a series of symptoms, that vary from local uneasiness and general discomfort, to intense pelvic distress and violent febrile reaction. These symptoms are in multiparæ, from the laxness of the uterine fibre, rarely severe; but are in nulliparæ, for the contrary reason, always severe, and at times grave and alarming. The defect in each instance is the same, the lack of the monthly hæmorrhage; and as art in its highest perfection follows the lead of Nature, the appliances of the physician should aim to restore this spontaneous evacuation, or, failing in this object, should aim to supply its place by an artificial loss of blood. This indication is imperative, and if not fulfilled, slight success will attend his efforts.

The menstrual flow when scanty, may be supplemented, or when absent supplied by the application of one or more leeches to the cervix, vagina, or vulva. This, or any other method by which the affected veins are in a direct manner freed from distention, is in all cases appropriate, and in the more severe, offers the only expedient that will of a certainty be beneficial; and yet, despite this superiority, it is seldom possible in private practice to avail ourselves of its advantages, or even desirable to do so, since it is often practicable, without the exposure of the patient, and by medical means alone, to restore the natural hæmorrhage. These means, inasmuch as the nerves of the uterus are super-sensitive and its blood-vessels over-stimulated, should tend to allay irritability, quell pain, restore the balance of the nerve-forces, and equalize the circulation—means that are employed with such signal success in the incipient stage of any other internal congestion, such as anodynes, diaphoretics, fomentations, pediluvia, rest in the recumbent posture, and seclusion from all sources of mental excitement.

The congestion occasioning neuralgic pain in the generative organs, and *vice versa* this pain augmenting and perpetuating

tion, which may, from the low vitality ...ay forms is the physi... lack of tonicity in its veins, run ... *excellence*. It meets the ... phlebitis, seek relief by hæmorr... morbid sympathies, puts ... minate in a chronic state that ... sleep, and thus allows the cir...

An insufficiency of the lo... course. The nervous erethism ... retrograde steps by which ... opium, and for the time being ... pregnancy is removed s... force of the affected organs has an ... condition, will, propo... throw off the disorder before it ha... involution, occasion... established. To the same end, sudorific... This, little prone... skin, fomentations by calming irritation ... hæmorrhagic e... fluids to the surface, a footbath by inviting ... form as in th... extremities, and rest and seclusion by remov...

Hence u... and vascular *stimuli*, conspire in a direct and ... or passiv... manner. Indeed, this derivative action heightens ma... activit... valuable properties of the opiate. ... is d... camphor, generally recognized as having a marked action on ... int... genital organs, manifests in some nervous subjects a power ... g... relieve uterine pains as decided as that of opium, and ... occasionally it is scarcely less efficacious. It stimulates the ganglionic centres, diffuses and equalizes the nerve-forces, and coöperates happily with opium in calming irritability and inducing perspiration. Ipecacuanha when conjoined with opium and camphor, increases their sudorific properties, and thus assists their derivative action. The following formula—a camphorated Dover's powder—is applicable under most circumstances:

℞

Pulv. ipecac., et opii	ʒ ss
" camphor	gr. ij

M.

Fiant cht. vi.

S.—A powder every two or three hours.

Confinement in bed, copious draughts of fluids, a footbath, and fomentations to the hypogastrium are necessary adjuncts to give these medicines their full effect.

This treatment, or one based on similar principles, is appropriate during the existence of the monthly *foyer*, at which time remedies acting in concert with the natural efforts may possibly remove the congestion by restoring the uterine discharge; but as

ous and vascular excitement subsides in three, four, or nd is followed by a species of involution, whether has taken place or not, the plan of procedure d that it may conform to other vital laws now t in harmony with the spontaneous evolutions, he uterine circulation is restored to its normal force. Anodynes, diaphoretics, fomentations, and ke means failing, or being only partially successful, en revulsives, that divert the blood from the pelvic organs to the intestinal canal, and cause copious watery evacuations, may aid the uterine veins to unload themselves and recover their tonicity. By this serous depletion the activity and volume of the general circulation is lessened, especially in the capillaries, and incipient congestive conditions interrupted almost as effectually as by venesection. Of this statement abundant evidence is offered by the decisive action of hydragogue cathartics, in acute congestion of the kidneys or cerebrum, and in areolar or peritoneal effusions, such as follow scarlatina. This revulsive action should be even more salutary in recent engorgement of the uterine than of other organs, since a vital power inherent in, and peculiar to the genitalia, would on the withdrawal of the monthly *foyer* second the effect of this class of remedies.

The more violent hydragogues, like elaterium, that promptly produce signal effects in abdominal and cerebral congestions by the copiousness of the serous evacuations, though suitable whenever a powerful impression is desirable, are less appropriate in uterine congestion than milder articles, that create a sufficient but not excessive drainage from the intestinal canal, and are consequently less exhaustive. Of this character are jalap, Epsom salts, cream of tartar, and other saline cathartics, that as a class are both mild and efficient. A formula like one of the following may be selected :

℞

Pulv. jalapæ	3 ss
Potassæ bitart.	3 ij

M.

Fiant cht. vi.

S.—A powder every four hours.

℞

Magnesiæ sulp.	℥ iss
Potassæ bitart.	ʒ vi

M.

S.—Add a pint of hot water. A wine-glassful every four hours.

Rochelle salts, citrate of magnesia, or Seidlitz powders serve the same purpose, and are equally efficacious.

Free catharsis by these agents being enforced two or three days, it will then become inexpedient, if not injurious, whether the purgation has or has not been of benefit, to continue this plan of treatment, as now the period of involution has passed.

Whenever there is hepatic torpor, which retarding the upward flow in the vena portæ, causes fulness and sluggishness of the abdominal veins, the mesenteric and hæmorrhoidal more especially, a mercurial, joined with jalap or followed by a saline, will, by removing this obstruction, greatly assist its hydragogue adjuncts in diminishing the volume of the circulation. Cathartics, laxatives, and enemata that simply unload the bowels, would not, though beneficial, have the full measure of efficiency required; and contrariwise, drastics that operate by a violent excitant impression on the mucous and muscular coats of the intestines, would be prejudicial, and tend to augment the trouble, particularly should one like aloes be selected that irritates the lower bowel. Indeed, all medicines that are excitant to the rectum or bladder, a property by which they become emmenagogues, will add to the congestion and retard, if not prevent, its resolution. For like reasons, the food and drink ought to be of an unstimulating character, and bodily and mental quietude enjoined, as during the monthly period.

The uterine organs during the remainder of the menstrual interregnum, require no special attention, which is rather to be directed to the renewal of the functional activity of the various organs. Now the blood, nerves, stomach, bowels, and other vital factors, the conjoint operation of which constitutes life, must receive our careful surveillance that, as far as possible, their defects may be corrected, and their condition restored to the normal standard. Usually, a course of management similar to that enjoined hereafter in chronic and active conges-

tion, will, if modified to suit individual cases, be the most appropriate. As the time for the recurrence of the catamenia approaches, the treatment ought to be so directed as to remove all impediments to the monthly evolutions, and offer a fair field and full scope to the menstrual effort. Emmenagogues, however, the power of which lies in their irritant action on the rectum or bladder, blood- and nerve-stimulants, like alcohol, and all other excitants, are contraindicated, and a treatment similar to that adopted in the first instance is called for; and yet even this, since the object is to encourage rather than to force the flow, must not be pushed with vigor, and may oftentimes be limited without detriment to the more simple expedients there recommended. The judiciousness of this course is apparent when it is recalled that the menstrual discharge, which it is now the design to favor, is both a secretion and a hæmorrhage, and is not specifically influenced by any article of the Materia Medica. This discharge would be a hæmorrhage simply, were it induced by drugs that produce their effects by a stimulant, irritant impression on the pelvic organs, and could hardly fail to aggravate the original congestion. At least, it is certain that such a loss would, as it is devoid of an essential element of the catamenial fluid, resemble any other bleeding, and would, beyond affording a temporary outlet to the overburdened capillaries and giving a measure of relief, be of no real advantage. Indeed, when uterine congestion has continued a period of time, and become established in the chronic and active form, a menorrhagic or a metrorrhagic flow is not beneficial, but tends to increase rather than lessen the disease.

The object, therefore, is not to induce a discharge of blood from the uterine cavity, but to promote that due balance of the circulation, that equable distribution of the nerve-force, and that normal functional activity which shall eventuate in an active menstrual secretion and hæmorrhage. To this end, the treatment should be similar to that pursued at the previous period, but more restricted, and in the majority of cases limited to the removal of disturbing causes, and of all obstructions to the sway of the natural efforts.

The above course of medication is under ordinary circum-

stances frequently successful in breaking up the beginnings of disease, and restoring the patient to health; but should it fail after a proper trial, the only resort remaining would be the local treatment as employed in chronic and active congestion. The time when it is expedient to make this change is very various. If general remedies prove inefficacious, and hold out no encouragement to persevere, their trial a few days will be quite sufficient; but if they prove beneficial and promise a favorable issue, their administration will be proper and judicious a month or more, or until no further advantage is likely to accrue therefrom. At this juncture, whether days or months have passed, the symptoms that remain rebellious, can only be efficiently met and effectually subdued by the local treatment.

In the severer forms of congestion, implicating the internal genitalia, and in that form especially, which portends the effusion of blood or lymph into the areolar tissue, or the peritoneal sack, the grade of action is high, and quickly attains its climax. In all such cases, should the symptoms not succumb promptly to general remedies, the only reliance of the physician would be on topical depletion, as under these circumstances the influx of blood is so active, the nerve-erethism so exalted, and the pelvic disorder so profound that, unless a spontaneous bleeding speedily should come to the rescue, an artificial one could not be long omitted with safety. When, however, by leeching or scarification, the progress of the congestion has been checked, and its violence mitigated, then general remedies assert their power, and give substantial assistance in the conduct of the treatment. Nevertheless, the chief dependence of the physician is on depletion, repeated from time to time as occasion may demand. In fact, the local treatment followed in confirmed uterine disease is under such circumstances to be enforced, but more energetically.

The first loss of blood should, in imitation of a spontaneous hæmorrhage, be considerable, not less than three, four, or five ounces; but subsequently a half or a third of this quantity would be amply sufficient. By this plan of procedure, even when lymph or blood has been effused, and the intensity of the symptoms foreshadows inflammation and suppuration, the on-

ward march of the disease is often retarded in its progress, and morbid action restricted in its extent and at times thwarted of its purpose. It is not impossible by depletion to subdue the vascular excitement, and by resolution to attain absorption of the effusion, or, at least, by the range of the disease being circumscribed to secure a more prompt and satisfactory recovery.

To recapitulate briefly, it may be stated: That in recent and active congestion, whatever its degree or extent, the treatment should be directed to the relief of the uterine capillaries by the induction of a hæmorrhage, either through the agency of general remedies, or, these proving useless, through the substitution of an artificial for a spontaneous loss of blood; that at the close of the period the natural tendency to involution should be promoted; that during the menstrual interval the bodily functions should be restored in their integrity; and that at the advent of the second period the menstruation should, by the removal of all sources of obstruction, be encouraged to return of its own accord, so that the monthly product, a secretion and a hæmorrhage, might have the opportunity to restore the genitalia to their original condition.

RECENT AND PASSIVE CONGESTION.

On delivery either before or at term, the uterus ceasing suddenly to invite the nervous and vascular influx, and to sustain the active nutrition that was in progress during pregnancy, takes a backward step, and falls into a peculiar state of inanition or depressed vitality, in which the circulation is sluggish, the nerve-energy blunted, and the adventitious muscular tissue disintegrated by fatty degeneration. The blood stagnant in the venous canals is, preliminary to the commencement of involution, thrown off by the lochia, that are the first three or four days copious and sangineous; and thus, as is ever the case in a physiological congestion of the uterus, relief is sought by a spontaneous hæmorrhage.

If, therefore, this necessary flow be absent, these sinuses, that are of large capacity and slight contractility, will become so engorged as to completely obstruct the circulation, and then inflammation of their coats, uterine phlebitis, will be al-

most certain to follow. In this manner congestion rapidly changes from the passive to the active type, and equally so from the latter to an inflammation, that would, unless subdued at its inception, jeopardize the life of the patient. The indications are the same as in active and recent congestion, save that, from the rapid strides made by the disease, and its violent and destructive nature when once established, the treatment should be instituted more promptly and carried out more energetically. Now the invaluable properties of opium are seen to the greatest advantage in allaying nervous irritability, calming vascular turmoil, preventing inflammation, and restoring the discharge. As adjuncts to this, the royal remedy, the means recommended in active and recent congestion, will afford material aid to the physician in conducting the treatment, and compassing a fortunate issue.

If, however, as is too often the case, the congestion resist this treatment, and threaten to advance to inflammation, an artificial abstraction of blood from the uterine, vaginal, or hæmorrhoidal veins will first be needed to compensate for the absence of the lochia, and then, on the engorgement being lessened, a return to the original line of medication will exercise a more salutary action. The subsequent course of medication, provided phlebitis is averted, a more full consideration of which does not fall within the scope of this work, is sufficiently indicated by the principles announced in the treatment of active and recent congestion.

If involution be not properly completed, either because the lochia were checked, or interrupted, or because the walls of the uterus continued relaxed and failed to expel the venous blood, there will be induced and perpetuated a passive hyperæmia, that exactly corresponds in degree with the deficiency of this destructive and reparative process, by which the uterus is restored to its original condition. This species of hypertrophy has little or no disposition to run into inflammation, but is on the contrary inclined, unless dissipated by a metrorrhagia, to continue in the same passive state until the reëstablishment of menstruation. This act, however, by its ever-recurring stimulus, sooner or later converts recent and passive into chronic and

active congestion, and thus becomes the exciting cause of confirmed womb-disease.

As, immediately on the uterus being freed of its burden, Nature begins her efforts for its rehabilitation by discharging its sinuses, by condensing its walls, by instituting a special nervous and vascular energy, by melting down and removing old structures, and by forming and substituting new in their stead; and as immediately on a check being given to these evolutions, at once spoliative and recuperative, Nature still strives by frequent hæmorrhages to relieve the uterine veins, to remove the *débris* of one pregnancy and to prepare the germs of another, it will be found that depletion is, as a rule, not only unnecessary but inadmissible, since copious bloody discharges more than supply its place, and that constitutional remedies fulfil the indications, and are, unaided by local treatment, competent to effect a cure. Should, however, metrorrhagia not occur, and consequently the walls of the uterus remain spongy, and its veins dilated, there would be no reasonable prospect that medicine could prove equal to the emergency, unless this hæmorrhagic loss were supplied artificially.

Child-birth, by the exhaustive causes attending and following it, impoverishes the blood, weakens the nerve-force, perverts digestion, and impairs nutrition; so likewise abortion, by intercepting development in mid-career, and necessitating involution before the uterine structures are ripe for the change, produces even more deleterious consequences; and both by copious sanguineous losses, that are prone to overleap a remedial limit, and become passive and mechanical, occasion an excessive debility, that demands removal *pari passû* with the inertia of the uterus.

It is of primary importance to check this drainage, that has no longer a salutary effect, but is simply robbing the circulation of its vital elements, and at the same time and in every possible way, to brace the nerves, reinforce the blood, and restore the system to its healthful standard. The sesqui-salts of iron are, by rendering the blood thicker and more adhesive, and imparting a tendency to coagulation, which is only prevented by vitality, the most reliable hæmostatics, and are likewise, by

adding a normal constituent to the red globules, and enriching the blood, the most efficient tonics. In metrorrhagia or menorrhagia, the dose required to insure the full effect of these preparations, is larger than in anæmia.

℞

Sol. ferri persulph., vel ferri perchlorid. f. ʒ ij
Aq. fontanæ f. ʒ vi
M.

S.—Twenty drops every two, three, or four hours.

The tincture of the chloride of iron, another sesqui-salt, possesses the same qualities, only from its acid properties its dose must necessarily be limited, and can scarcely be large enough to act promptly and efficiently on the circulation *en masse;* but in mild cases, that require a moderate and continuous operation, this preparation is an active and reliable remedy. Ten, twenty, or even thirty drops may be given after each meal, in three or four ounces of water. This large dilution, together with a rapid deglutition and an immediate rinsing of the mouth, prevents, more certainly than any other expedient, the free chlorohydric acid from exercising a chemical action on the teeth.

All astringents must, in order to be efficacious, enter the blood in a quantity sufficient to make a topical impression on the mouths of the bleeding vessels. For this reason, those of the vegetable class, the active principle of which is tannin that is, from its forming insoluble compounds with gelatine and albumen, with difficulty absorbed, and those of the mineral class as, for example, the sulphate of copper and the acetate of lead that are not, as they possess poisonous qualities, with safety administered in any considerable doses, are unworthy of confidence. Gallic acid, however, a principle united with tannin in nut-galls and white-oak bark, is capable, as it neither has astringent properties nor acts chemically on the tissues, of passing into the circulation, and then by its conversion into tannic acid in the processes of assimilation, of producing a styptic action, similar to that of the sesqui-salts of iron, and one scarcely less energetic.

℞

Acidi gallici	ʒ ijss
Syr. zingiber.	f. ℥ ss
Tr. opii	f. ʒ j
Aq. ferventis	f. ℥ iijss

M.

S.—Two tea spoonfuls every three or four hours.

Alum and the sulphate of zinc are absorbed with considerable facility, and though inferior in power to the persulphate of iron or gallic acid, may advantageously, as the symptoms abate, follow these articles, or in mild cases be used in their stead.

℞

Alumin. et potass. sulph.	ↄ ij
Zinci sulph.	gr. viii
Acidi sulph. dilut.	f. ʒ iss
Tr. opii	f. ʒ j
Aq. menthæ pip.	f. ℥ iv

M.

S.—Two tea spoonfuls every two or three hours.

The purpose subserved by the acid in this prescription is sufficiently obvious, and that by the laudanum will appear directly.

For continuous administration, however, in cases attended with a moderate hæmorrhage, medium doses of the persulphate, or the muriated tincture of iron will, as they add to the plasticity and richness of the blood, offer advantages greater than those attainable by other remedies. In fact, medication, in order to be of more than a temporary benefit, should whilst commanding the bleeding, improve the blood, strengthen the nerves, and reinstate an active nutrition, and then a greater vital force would be imparted to the uterus as well as to the other organs of the body.

Indirect hæmostatics have in some instances as much, or more influence than the direct. Whenever the nerve-centres are imperfectly sustained by an unstimulating, watery blood, the coats of the blood-vessels suffer from defective innervation

and contract on their contents feebly and irregularly, and thus the uterine, together with the general circulation, is rendered sluggish, and an atonic form of hæmorrhage perpetuated indefinitely. Under such circumstances, any medicine that shall induce the vascular coats to contract, and the blood to circulate more actively, even though but temporarily, will be markedly beneficial, and aid materially in subduing the congestion, or at least, will induce the first movement in that direction. For this reason secale cornutum, which by a specific power over the lumbar motor nerves, causes contraction and condensation of a relaxed and hypertrophied uterus, will lessen the calibre of the veins, expedite the blood in its course, and narrow, if not close, the mouths of the bleeding vessels. Should, however, the uterine walls be but slightly enlarged, and consequently contain only embryonic fibre-germs, the special properties of this drug would be feebly manifested, and its power over the bleeding be trivial or even insignificant. Of the preparations of ergot, the fluid extract which has been freed from the oil, the poisonous principle, by sulphuric æther, is preferable to the powder or the tincture. It does not change by keeping, retains all the motor-excitant power of the crude article, and is administered in large and continuous doses without developing untoward results. To produce a prompt effect, from ten to fifteen minims must be given as often as every third hour, and to cause a prolonged impression, these full doses must be continued several days.

Opium is another indirect hæmostatic, that admits, whether prescribed with or without astringents, of a valuable application. It acts in fractional doses as a gentle, diffusible stimulant, by imparting temporary power to the ganglionic centres, equalizing the nerve-forces, inducing greater tonicity in the coats of the blood-vessels, and quickening the capillary circulation. If there be general irritability and excitement, and local tenderness and pain as in recent and active congestion, sedative doses will alone be effectual; but if, on the contrary, there be nervous prostration and vascular torpor, these doses will by still further depressing the feeble energies, add to the mischief, whereas smaller and stimulating ones will call out

the organic power, and for the time, energize all the vital movements. The proportion of an opiate, requisite to secure this excitant action, is represented by a fortieth to a twentieth of a grain of morphine every fourth hour. The smaller quantity suffices for nervous patients, who are, as a rule, easily affected by any form of stimulation.

En passant, the writer would mention the remarkable properties, which he first observed some fifteen years since in these minute doses of opium; properties that, unrecognized or disregarded by the profession at large, place a class of diseases dependent on nervous erethism more completely under control.

In insomnia, many persons, and especially nervous, delicate females, resist the full effect of an opiate, and become more wakeful, if not wild and delirious, by its continued employment, though readily influenced by a smaller quantity, one that exercises no hypnotic action, but induces sleep by quieting nervous irritability.

In spasm of the bronchii, that attends many pulmonary affections, sedative doses of opium, by blunting sensibility, and retarding the capillary circulation, enhance the danger of inflammation; whereas stimulating doses, by equalizing the nerve-power, and facilitating the aeration of the blood, promote a resolution of the disease. It is a singular fact, of which the writer has had indubitable proof, that morphine in these minute proportions, insignificant though they may seem, often affords more relief, and is of more permanent advantage in bronchitis and pneumonia, than any other article in the physician's *armamentarium medicum.*

In capillary bronchitis, which is prone in children under two years of age to hasten rapidly to a fatal termination, inasmuch as the spasmodic contraction of the terminal tubes, by forbidding a due aeration of the blood, excites congestion of the lung-tissue, paregoric will, in doses of from three to five drops every three hours, produce a most salutary effect, and conduce more than any thing else towards a favorable issue.

In pertussis, laryngismus stridulus, and the like conditions, this antispasmodic property is less manifest, as it only comes fully into play when, in the chronic stage, the specific causes

that inaugurated these spastic states of the air-passages have more or less expended themselves, and the nervous system merely needs assistance in its efforts to recover its equilibrium and reëstablish its supremacy.

In asthma, however, this remedy achieves its most signal triumph. It is the remedy of remedies, whether the disease is hereditary or acquired, whether due to chronic bronchitis, heart-disease, a peculiar state of the nervous system, or any other cause of a similar character. It effects, in some instances, a resolution of the paroxysm, and in many, when structural changes are absent, a radical cure. Indeed, a quantity so trifling and impotent, as most physicians would think, will seldom fail to mitigate an attack in progress, or dissipate one at its inception, and will not infrequently succeed, if given in anticipation of each subsequent seizure, in completely eradicating the disease. During the paroxysm, the effects of the medicine are these : The constriction of the chest slackens, the breathing becomes more free and equable, the purplish suffusion of the skin disappears, a prone position becomes possible, the cough loses its wheezing, muffled character, and is deeper and attended with a mucous and bland instead of a frothy and acrid sputa, and then, by the continuance a few days of an easy, copious expectoration, the attack is resolved. This treatment, if resorted to at each subsequent return of the asthmatic breathing, directly the premonitory symptoms show themselves, will almost always render the seizure lighter, and in time master the nervous erethism upon which it is dependent.

To resume our subject-matter, menorrhagia and metrorrhagia, should the hæmorrhage persist in spite of medical means, and by its copiousness threaten serious consequences, there is a mechanical expedient, a *dernier ressort*, at our command, as certain to stay the bleeding from the uterine cavity as a compress and bandage that from an open vein. This expedient, the tampon as ordinarily applied, is objectionable. It causes pain, prevents urination, allows the loss to go on until the sponges, rags, or other materials in the vagina are saturated, and by reason of the speedy decomposition of the blood at the temperature of the body, requires removal before the flooding

is controlled. These defects, that impair the perfect working of the tampon can be obviated, and the full measure of its powers attained, by the following mode of application. Selecting three or four pieces of sponge, free from gritty particles and of about the size of a pullet's egg, expand them with water, and squeeze them dry, and then laying open each to its centre, fill the cavities thus made with a drachm or more of coarsely broken alum. These sponges enveloping the alum so as to prevent its contact with the mucous membrane, should be inserted around and against the os uteri, and, not encroaching upon the bladder or rectum so as to produce uneasiness by distention, should occupy the upper half of the vagina only.

The astringency of the alum causing the vagina to contract around the sponges, holds them *in situ*, and coagulating the blood effused, forms a firm clot that extends into and effectually closes the cervical canal. A tampon of this kind could, if it were required, remain without inconvenience twenty-four or even forty-eight hours undisturbed, as it would not interfere with urination, or at least with the use of the catheter. In removing the sponges, the blood found in the vagina is small in quantity, dry and pulverulent like sawdust, and devoid of a putrescent smell. A reapplication will seldom be called for, if care be exercised not to disturb the clot that extends up the cervix and shuts in the uterine cavity. The persulphate of iron in the solid form, a more prompt and certain styptic than alum, may be used in the same way, or its solution, a drachm or more, diluted with two parts of water, injected by a properly constructed syringe into the sponges, previously packed around the os tincæ.

In hæmorrhagic conditions, all sources of excitement must be avoided, and seclusion from company, and, if need be, rest in the recumbent posture enjoined, that the formation of a clot in the mouths of the bleeding vessels may be encouraged. For a similar reason, warm drinks or baths, stimulating medicines, alcoholic preparations, or other agencies that tend to increase the force and volume of the circulation and excite the capillaries, will prove hurtful by augmenting and perpetuating the bleeding. On the other hand, cold in every form is, from its

refrigerant, sedative properties, calming the pulse and condensing the extreme vessels, an indirect hæmostatic of no inconsiderable power. The room should be cool, the covering as light as the comfort of the patient will allow, and ice or iced water taken often and freely. Indeed, bits of ice rounded in the mouth and then swallowed, are as efficient as the direct hæmostatics, and for a prompt effect are much more reliable. This efficiency is due to the intimate relationship established, by the ganglionic nervous system, between the stomach and uterus, and is made apparent by the gastric disorders, pertaining to pregnancy or uterine disease. Cold water to the hypogastrium or pudendum, as it is apt to create chilliness and drive the blood on the internal organs, will act unfavorably, except in vigorous subjects whose nerves are not easily perturbed; so also ice in the vagina, as it melts rapidly and produces only a momentary impression, will have little effect unless it be constantly renewed, a procedure painful to the patient and troublesome to the physician.

Injections into the cavity of the uterus are too hazardous, save as a last hope, when life trembles in the balance, to be ventured upon, and of these a solution of the persulphate of iron is the most reliable and the least dangerous. The extreme astringency of this article would, by closing the Fallopian tubes, prevent the injection from entering the peritoneal cavity. Selecting a small vulcanized rubber syringe that has a long, flexible nozzle, and charging it with a drachm of the solution of the persulphate of iron, diluted with an equal quantity of water, pass the point of the instrument along the cervical canal to the inner os; and then filling the uterine cavity, retain the syringe in position three or four minutes, until the iron has had time to act chemically on the blood, oozing from the ruptured vessels. In those cases, demanding these extreme measures, a thorough physical exploration must be made as soon as practicable, and in all, not responding promptly to general remedies, the local treatment, directed in chronic and active congestion, must be instituted without delay.

CHRONIC AND ACTIVE CONGESTION, UTERINE DISEASE PROPER.

In uterine disease proper, the general remedies, that are often found so advantageous in recent and active, or recent and passive congestion, are insufficient alone to accomplish any permanent good; in fact, are only beneficial through the aid they give to the local treatment. The perversions of the mind, the aberrations of the nervous system, the disorders of the stomach, bowels, and liver, and the thousand other nameless ills that poison the very springs of life, are proof against all the articles of the Materia Medica, however wisely directed and perseveringly administered; so, likewise, are the local equally with the general symptoms, removed beyond the sphere of drugs, the pelvic pains, the dysmenorrhœa, the menorrhagia, the leucorrhœa, and the other morbid conditions continuing steadily the same, in spite of every curative means that may be devised, short of the direct loss of blood from the congested vessels. Fomentations, baths, cups, blisters, injections, suppositories, and the many similar expedients, too numerous to be mentioned, that are so generally resorted to, exercise only a transient influence, and fail utterly to serve any useful purpose. Hence, in treating cases of confirmed womb-disease, it is scarcely worth the while to consume time in battling with the symptoms—prescribing medicines and enforcing a variety of orders to meet the several morbid states—since all efforts on the part of the physician, and all annoyance inflicted on the patient, will go for naught as long as the hidden trouble, the uterine congestion, remains unrelieved. General remedies, therefore, hold a secondary place, and are only useful as adjuncts to the local treatment. In this capacity they manifest the same power as in other diseases, and are of great advantage in promoting and perfecting the cure; and yet, in very many instances, their assistance could be dispensed with, and still the patient would suffer no detriment, since, on the removal of the source of disorder, each organ has, when no longer perverted in its operations, a tendency to return by its inherent vitality to the normal state. In a word, the removal of the congestion is the first step, one preliminary to any other, and not infrequently this is all

that is required to dispel every symptom and rëestablish the health on a sure and enduring basis.

As a preternatural hyperæmia of the cervical, of the cervical and uterine, of the cervical, uterine, and vaginal, or of all these and the ovarian veins, is always present, and varying in degree and extent only, is ever the underlying, hidden cause of the symptoms, and the changes discoverable by touch and sight, and as this hyperæmia, rekindled and perpetuated by each monthly influx, remains in the intervals, and prevents a restoration of the circulation to its due balance, it is essential to success in the treatment—prerequisite to a perfect involution—that the engorged vessels should be relieved by artificial means. In carrying out this plan, the attention must not be diverted into side issues, but fixed steadily upon the main indication, the removal of the congestion, which being fulfilled, the cure is accomplished. Whether amenorrhœa, menorrhagia, dysmenorrhœa, leucorrhœa, abrasion, hypertrophy, mucous inflammation, hyperæsthesia, prolapsus, flexion, or version attends the womb-disease or not, is of no present importance, and need not occasion doubt and hesitation, since in all cases the pathological state is the same, the chronic and active congestion of the deeper tissues, that must be subdued before it can be possible to reach these various perversions of function, and changes in form or position.

The single purpose of the physician, therefore, should be, however urgent and diverse the complications, to second the natural tendency to involution by the employment of those means that would tend to diminish the hyperæmia and restore the weakened capillaries to their proper tonicity. This end is attainable in one way only, the direct abstraction of blood from the suffering part, a plan of procedure in harmony with that by which the physiological and pathological congestions of the uterus are always resolved, the first by the menses or the lochia, and the second by a metrorrhagia or a menorrhagia. The erectile vessels of the uterus and vagina being engorged, the blood taken should come from these, and from no others, and be of a quantity just sufficient to relieve the distention and allow of contraction. Depletion of the general circulation, or of vessels not implicated in the

disease, can do no good, and may augment the evil by lessening the vital fluid, that is, perhaps, already impoverished. Cups to the sacrum, or leeches to the abdomen, rectum, or vulva, are of more than doubtful propriety, as the drainage is not from the uterine or vaginal veins; and, for the same reason, leeches to the vagina are less efficient in congestion of the uterus, or of the uterus and ovaries than when applied to the cervix. Leeches to the cervix, however, relieve all the genital blood-vessels, the vaginal and ovarian equally with the uterine, and answer every purpose they are capable of subserving in the treatment of womb-disease. This peculiarity is accounted for by the fact that, as the congestion, which pertains to menstruation and pregnancy, centres in the uterus, the theatre of those vital changes resulting in the periodic or the continuous influx of blood, so in a like manner the congestion, which pertains to benign disease, establishes itself first in the uterus, and thence extends to the ovaries and vagina. Hence, in every grade of morbid congestion, whether confined to the uterus or implicating the vagina and ovaries as well, the cervix is the proper place from which to draw blood; and it is ever found that the outposts of the disease, the portions last invaded, are the earliest to yield, first the vagina and ovaries feeling the beneficial results, then the corpus uteri, then the cervix, and then lastly the inner cervix. In other words, the disease is checked in its march, driven back towards its centre, and forced finally to its citadel, the spongy folds of the inner cervix, where it last surrenders. The depletion should be sufficient to relieve the veins of distention, and offer them an opportunity to contract, but never spoliative, as it would, if too copious, counteract the object had in view. Three, four, or five leeches have a tendency, by determining more active currents to the uterus to refill the veins, and, by occasioning an excessive flow, to deteriorate the quality of the circulation.

The nervous irritability abating both from the diminution of the venous engorgement and the check to the arterial influx, the uterus, by a species of involution, condenses its walls, and lessens the capacity of all its blood-vessels. The design is not to eradicate the disease by a sudden onslaught,

nor by the mere loss of blood, but rather to make it possible, by giving relief to the congestion at stated intervals, for the natural laws to inaugurate, carry forward, and complete the involution, which being accomplished, the cure is also attained. The amount of blood necessary to facilitate this process, and the time suitable for its abstraction, are important items that ought to be duly weighed. In ordinary cases from four to eight drachms are sufficient to relieve the congestion, but not enough to waste the circulation, or create a flow to the point of depletion. When, however, the size of the uterus is greatly increased, and its sensibility much exalted, or when the disease is so extensive as seriously to implicate the vagina and ovaries, it often has a salutary effect to take two or three ounces, on one or more occasions, at the close of menstruation, but usually the amount first mentioned is ample for all curative purposes.

The depletion is to be practised the third or fourth day following the disappearance of the menses, and repeated thereafter every seventh or eighth until they return. An interval, however, of some four or five days should intervene between the last operation and the next period, for fear that the menses might be accelerated, delayed, lessened, prevented, or in any other way disturbed. It is of the first importance that the catamenia return, run their course, and subside normally, as otherwise the difficulties in the way of success are greatly enhanced. In fact, the continuous perversion of the physiological congestion always renders the pathological nearly irremediable. When, however, the menses are menorrhagic, this caution need not be observed, as the relief of the overcrowded capillaries just previous to a period tends, by imparting tonicity, to check an excessive flow, nor when they anticipate, as this abstraction tends, by lessening the congestion, to lengthen the interval; but when they are absent, infrequent, or scanty, every care is to be exercised not to supplant the physiological by an artificial hæmorrhage.

Local depletion may be effected by three methods, scarification, puncture, and leeching. As, however, it is desirable to abstract a certain average quantity—neither too much nor too little—the one is to be preferred that promises to subserve this

purpose most completely. Scarification and puncture, whether employed singly or together, do not, as they are practised with facility, excite fear, and do not, as they simply drain off the excess of blood in the veins, cause an excessive hæmorrhage. These advantages render either or both of these procedures preferable to leeching, provided they occasion a sufficient loss, as is the case in the majority of instances. Leeches, on the contrary, are not always at hand, give trouble to the physician, alarm the patient, and remove an uncertain amount, the bites bleeding sometimes too sparingly, sometimes too freely, and sometimes so excessively as to require direct interference to suppress the flow. The suction of the leeches, also, is apt to determine an active current to the uterus, particularly when the loss is copious; by which means the veins are refilled as soon as they are emptied, a beneficial effect is counteracted, and more harm than good is done. Yet notwithstanding these weighty objections, leeches are in many instances the chief or only reliance of the physician. In nulliparæ, when the disease is more than a simple cervical catarrh, and in multiparæ, when it is general, intense, and attended with uterine or vaginal neuralgia, and particularly when the uterus retains its virgin density, leeches are almost always indispensable. More especially is this the case following the act of menstruation, at which time a more liberal bleeding is required to reduce the relighted congestion, and promote the tardy and imperfect involution, than is attainable by scarification and puncture. Besides, in some patients, whether the congestion is more or less extensive, or more or less severe, the knife, as it occasions little or no hæmorrhage, is useless, and then of course, the only resort remaining is leeching. It may therefore be stated, as a general rule, that scarification and puncture fulfil every indication, and are reliable and effectual in all ordinary cases, and that they are only to give place to leeches, when the loss of blood is found on trial insufficient to relieve the congestion.

More than this, scarification has, aside from the benefit it affords by the loss of blood, a direct topical action in relieving the hyperæsthesia of the uterus, particularly when the cervical nerves are abraded, and subjected to external sources of irrita-

tion. These nerves terminating in the papillæ, that are rendered extra-sensitive by the congestion and denudation of their tactile extremities, are divided with the engorged blood-vessels; and thus at one and the same time the disease is mitigated, both by discharging the capillaries, and by blunting the nervous irritability, a neuralgic state on which the continuance of the morbid action is often mainly dependent.

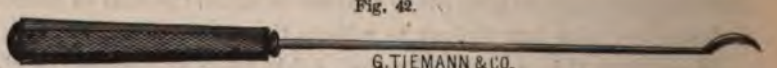
Wherefore, since nerves of sensation are restricted almost entirely to the vaginal cervix, which is the first to suffer from and the last to part with congestion, and since the loss of epithelium by exposing these nerves, keeps alive the morbid irritability and perpetuates the disease, it is readily comprehended why scarification is, in most instances, especially advantageous, and in many, superior to any other mode of depletion.

A local loss of blood is not only to be relied upon for reducing the congestion, but also, at times, for demonstrating its existence or non-existence, inasmuch as it would often enable the operator, should the ocular signs be uncertain or deceptive, to arrive at a correct diagnosis.

As the healthy uterus during the menstrual interregnum, has a restricted circulation, and is in no sense of the word a vascular organ, a few drops of blood only follow scarification, puncture, or leeching; so likewise as the congested uterus returns to its normal state, the flow becomes less and less, and, on the cure being completed, is insignificant.

The mode of and the time for depletion being selected, it is important, that the desired advantage may be secured, to understand fully the best plan of procedure. Scarification can be practised with any sharp-pointed knife, a bistoury, for example, the blade and handle of which are long enough to readily reach the os tincæ. The operation, however, will be effected more easily and done more thoroughly by a longer and more delicate

Fig. 42.

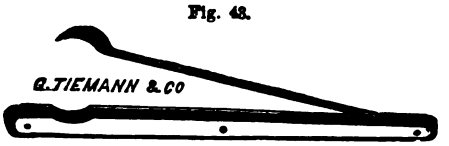


Scarificator.

instrument, one of such a length and size that its handle shall, when in use, project three or four inches beyond the outer

extremity of the speculum, and its shaft not obstruct the view. After making several modifications in the form of the blade, the author hit upon an instrument that answers admirably both

Fig. 42.



Pocket Scarificator.

for scarification and puncture, as its small, sickle-shaped beak, cutting on the concave edge only, adapts it for introduction into the cervical cavity, for division of the congested vessels within or without the os externum, and for puncture of the more solid substance of the neck. The object is not to make deep incisions into the tissues of the cervix, but simply to divide the superficial vessels, by several linear cuts, in such a manner that they shall both discharge their contents and give an outlet to the congestion more deeply seated.

The points to be selected are the lower half or two thirds of the cervical cavity, the os uteri, and the abraded surface, the sites of enlarged and engorged capillaries, overlying others equally implicated. The flow from these slight cuts will not only unload the capillaries of the mucous membrane, but will also draw the blood directly from those distributed to the glandulæ Nabothi, and indirectly from those as far remote as the uterine. It is expedient usually, that all the vessels involved may be relieved, to scarify the entire surface mentioned, and always, whilst the knife is employed, that of the os uteri and lower third of the cervical canal, as here the congestion retains its last hold. The cuts on the abrasion should be light, and so numerous as to divide many, if not most, of the papillæ with their vascular loops.

This operation, when it serves the purpose, is to be repeated at stated intervals until the disease is reduced to a simple hypersecretion of the cervical glands, uterine catarrh, and then its place supplied by the nitrate of silver. Yet, notwithstanding the cure has progressed thus far, and is on the eve of comple-

tion, scarification may still be indicated, directly following the close of menstruation, though not at other times, and may again, from a relighting of the congestion, be demanded at longer or shorter intervals, even though caustic has been employed several weeks exclusively. Whenever the capillaries contain overmuch blood, although the congestion has been removed or reduced to narrow limits, it is well in very many instances to apply the nitrate of silver in solution to the inner cervix, and then scarify the os uteri, and, if present, the abrasion. Over-stimulation from the caustic is obviated by the flow of blood emptying the capillaries, and this flow is rendered more free by the caustic constringing their atonic coats. Should puncture or leeching, from the extent and severity of the congestion, be indispensable at the outset of the treatment, scarification would, on the reduction of this congestion to the inner cervix, be the most efficacious means at command, as it directly unburdens the vessels at fault, and enables them to recover their tonicity.

When, however, the flow from scarification proves slight, or when, though more liberal, it is inadequate to make an impression on the disease, then it should be aided by puncture, which rarely fails to secure a sufficient loss of blood. In performing the latter operation, the uterus is firmly held by pressure on the speculum, whilst the blade of the scarificator is, by a quick and forcible movement, plunged an eighth to a sixth of an inch into the substance of the cervix, at or just above the point where it attains its full thickness. The object had in view is to reach the large, spongy web of vessels ramifying in the cellular tissue that is beneath and around the cervical glands. Of these punctures one, two, or three may be made at a time, according as a greater or a less quantity of blood is desired. The flow is generally much more free from puncture than from scarification, as the former severs the large trunks of which the vascular loops of the papillæ and the capillaries of the mucous membrane are branches. Hence, as puncture has greater power than scarification in disgorging the cervical vessels, and consequently, in relieving the uterine, it is to be conjoined with the latter whenever the uterus and vagina, or the uterus and ovaries, are affected; and as it obviates the

necessity of resorting to leeches, it is, in most cases, to be preferred, since the loss of blood, though limited, is usually all that is required.

If, however, the loss from scarification, or scarification and puncture, be insufficient, as is the fact many times in primiparæ, and sometimes in multiparæ when the uterus retains its virgin size and density, leeches will be the physician's only reliance, means without which a cure is impossible. They are likewise demanded, as a rule, whenever the vagina or the ovaries are seriously involved, since now the grade of morbid action is too high, and the extent of the congestion too great, to be impressed by simply discharging the superfluous blood in the cervical and uterine veins. Indeed, scarification and puncture, as they never do more than this, can only influence the remote by lessening the central congestion; whereas leeches, by their suction, induce a determination to their bites that may, when the amount abstracted is anywise free, not only deplete the uterine, but the vaginal and ovarian veins. The first method may be inefficient by the scantiness of the hæmorrhage, but can not be injurious by its excess; the second may secure any quantity desired, but can not easily be restricted within prescribed limits, the difficulty being to take enough to check the congestion, and yet not enough to induce currents to the genitalia, or impair the quality of the general circulation. The object is to mitigate the fulness and tension of the pelvic veins at the time of the operation, and then to have for some hours—from twelve to twenty-four—a dribbling from the bites, resembling the menstrual flow. This continuous oozing is particularly salutary, as it perpetuates the impression made by the leeches, and is an advantage less frequently secured by the other modes of depletion. The amount taken, in order to secure the proper effect, ought not, altogether, to exceed three or four ounces.

In applying leeches, several being at hand that by their size and activity promise well, two, three, or four are occasionally needed at a time, but usually one alone answers every remedial purpose, and still neither weakens the patient nor annoys the attendant by the profuseness of the after-bleeding. This, however, proving on trial, in a given case, too scanty to affect

the congestion, then two may be used at the next application with advantage and safety; but three or four can seldom be indicated, except under circumstances demanding an unusual loss of blood. It is a singular fact, which being known ought to remove any undue hesitation in resorting to this mode of relieving the uterine circulation, that leech-bites in this locality will rarely bleed as freely and persistently as on external parts of the body, and will rarely give trouble by the copiousness of the hæmorrhage, unless the uterus be much engorged and greatly hypertrophied. The reason for this fortunate peculiarity seems to be this: At first the uterine fibres closing upon the veins, cause an immediate and a considerable flow, and then this condensation resisting the influx by the arteries, prevents a continuous and excessive drainage. To avoid danger, the patient ought, when the hæmorrhage from the bites is profuse, to maintain the recumbent posture a longer or a shorter time, and ought, when it continues much freer than the menstrual, to use ice, and iced drinks to the exclusion of warm fluids, and bathe the hypogastrium and pudendum with cool water.

If in spite of rest and cold the napkins be still soiled in rapid succession, and the flow show no signs of speedily abating, then it will become necessary to check without delay any further loss by the application of a tampon, made either of small bits of sponge containing alum, or of a wad of cotton, that is first pressed against the cervix, and then saturated with the persulphate of iron in solution. The tampon may be removed in twelve hours or less, or left awhile longer *in sitû*, according to the urgency of the case. That any unusual hæmorrhage, if it should occur, would be in the day-time, and not at an unseasonable hour of the night, it is better to have the operation in the morning; and, to avoid any risk from this source, it is a wise precaution, on the leech or leeches dropping off, to retain the speculum in position until the flow abates spontaneously, and, when excessive, until it is commanded by the persulphate of iron.

If, through heedlessness in properly closing the os externum, a leech should make its way into the uterus—an accident that happened to two of my medical friends—no great alarm need

be felt, as it would fill with blood and drop off, as in any other locality, and then be expelled by labor-like pains. These might not be very severe, since they would, by compressing the leech, first strip it of blood, and then force it through a canal that was large enough to allow of its entrance. In the two cases above mentioned, the only instances of this accident the writer has met with, there was a strange nervous excitement, a tremulous, creeping feeling in the uterine organs, a sudden intensity of all the pelvic symptoms, and directly the pains peculiar to an active contraction of the uterus. At first it appeared as though a hysterical attack was imminent. To subdue this irritability, and prevent any manifestations of a more serious nature, small doses of morphine were given. In each case the leech was expelled after an interval of several hours, and in neither was any injury inflicted.

Having so adjusted the distal end of the speculum, and closed the os, when dilated, by a pledget of cotton, that there is no open space either into the vaginal canal or uterine cavity, a leech wiped dry, and warmed in the hand until its movements become active, is introduced and directed by the point of the sound to the cervix; and then, immediately on its becoming attached, a second, if required, is served in the same way. A leech having filled and fallen off, should be removed, stripped by the fingers, and preserved for future use, as it would very frequently, if gently but thoroughly freed from the blood, kept in a cool place, and furnished with fresh water, recover its vigor in from eight to ten days, and thereupon be fit for further duty. By this expedient a few will not infrequently be equal to the work of many, a dozen or less sufficing for a treatment of several months' duration.

To facilitate the removal of blood, mucus, or other fluid, special instruments have been contrived; but the easiest and

Fig. 44.



Cotton-holder.

most expeditious method is to revolve a flock of cotton round and round by the sound, the point of which will, by becoming

entangled in the fleecy fibres, maintain its hold as readily as a pair of forceps, and answer the purpose as well if not much better. Should the blood well up, as often happens, directly the punctures are made or the leeches removed, it could be poured into a small cup or other convenient receptacle, by depressing the speculum so as to make its outer more dependent than its inner extremity.

When by scarification, puncture, or leeching, employed according to the varying indications, the disease has been reduced to a simple uterine catarrh, topical applications are required to restore tone to the sluggish capillaries of the inner cervix and restrain the secretion of its mucous glands. What these shall be is a secondary matter; in reality, is of little moment, provided they are moderately stimulating, and yet not irritant, and above all not corrosive. Even the solid nitrate of silver, which is in no sense of the word a true caustic, as its impression being superficial is never destructive, like an escharotic, is too energetic for common use, and hence is prone to excite more active symptoms. The writer, after much experimentation, prefers to all other articles the nitrate of silver in solution. This, to suit individual cases, may be made of a greater or a less strength. As a rule, however, one containing from thirty to fifty grains to the ounce of water best fulfils the indications, and is the most successful in eradicating the remains of disease, still lingering in the Nabothean glands. The nitrate thus reduced should, unless a fresh addition to the congestion demanded a temporary substitution of depletion, be applied about every seventh day, whilst the cervical secretion continues in excess; that is to say, until the disease is cured. Now the erosion will be found covered with epithelium, the labia uteri restored to their original contour, the inner cervix relieved of congestion, and the mucous glands restricted to a secretion, natural in quantity and quality—one enough to lubricate the vagina, but not to appear visibly in the os uteri.

To prevent a relapse, it is advisable before discontinuing the local treatment, even when the normal secretion of the Nabothean glands is reëstablished, to apply the solution once or twice following the close of menstruation, as this act is prone, through

the physiological hyperæmia induced, to leave the cervical capillaries relaxed and over-full, and consequently, to renew the leucorrhœal discharge.

Chromic acid, sulphate of copper, and the tincture of iodine or of the chloride of iron, in proportions calculated to cause condensation of the weakened capillaries, but not to arouse an active, excited circulation or corrode the tissues, may be selected at the pleasure of the physician; and yet none of these, much less other cauterants of greater potency, can produce a remedial effect not attainable by a graduated solution of the nitrate of silver. Indeed, it is a matter of doubt with the writer whether or not the nitrate in substance even, is not more frequently injurious than beneficial, since it is prone by excessive stimulation to increase rather than to repress the volume of the capillary circulation; at least, it is certain that the solution, dilute enough to obviate any danger on this score, retains all the remedial powers of the crystallized salt, and possesses besides the special virtues requisite for the safe and prompt subdual of the cervical disease. Occasionally, however, for the purpose of creating a new action in capillaries long atonic, the solid caustic, or one of the articles above mentioned would, especially if undue irritation were guarded against by scarification or puncture, practised at the same time, be of advantage, and would possibly inaugurate a change for the better.

The only portion of the uterus requiring stimulant applications, or in fact any other form of topical medication, is the inner cervix, the site of mucous follicles, that often continue to secrete as freely after as before the reduction of the more general congestion. The lining membrane of the uterus proper, on the contrary, having of itself little vascularity, and being destitute of mucous follicles, improves *pari passû* with the muscular walls, and becomes, with the removal of the congestion, as healthy as the subjacent structure on which it is dependent for its nervous and vascular supply. For the like reasons, as little almost does an erosion of the labia uteri need direct applications, since the epithelium will be reformed when the glandular engorgement, that feeds the vascular loops of the cervical papillæ, shall be subdued.

It appears, therefore, not only that applications other than

the nitrate of silver should be either omitted as superfluous or avoided as injurious; but also that this single article should, inasmuch as its full power is not called for, be reduced to the strength of a stimulating wash, such as would, instead of exciting irritation, impart tone to the languid capillaries.

It appears likewise that this wash, which is seldom needed by the erosion, and never by the true uterine mucous membrane, should be restricted to the space between the os internum and externum; in other words, to the part studded with mucous glands.

Of the many devices for the application of a medicated fluid to the inner cervix, the following is the most simple, convenient, and effectual: The silver probe employed for uterine explorations is, the extent of an inch or more at its point, wound little by little with cotton so as to form a compact cylinder, small enough to pass the os tincæ with ease, and yet large enough to hold the fluid necessary both to touch the surface of the rugæ and to penetrate between their reduplicated folds. The liquid nitrate being more rapidly diffused than the solid, its impression is not concentrated on detached points, but extended equably to every part. The cotton is prevented from slipping by carefully wrapping its loose, downy fibres, first around the knob, and then around the rod of the probe.

To apply the solution, the os is brought well into view, and the uterus steadied firmly by pressure on the speculum, and then the probe, thus armed like a probang, and so bent an inch or more from its extremity, that the part holding the cotton can fall in a line with the uterine axis, is carried into the cavity of the neck as far as the os internum. As the first contact of the swab coagulates all the albuminous products present, the cervical secretion soon ceases to neutralize the solution and leaves the rugæ exposed to the full action of the remedy, which is now to be applied four or five times, or until it is quite certain that the entire surface furnished with mucous glands has been reached.

To employ the solid nitrate of silver, instead of the ordinary holder, that is too bulky to enter the os uteri with facility, and is very liable to leave a broken fragment behind, an expedient

much more satisfactory is to coat the silver probe at its free extremity with melted caustic, and thus convert it into a temporary *porte caustique*. The probe, thus loaded, is but slightly increased in size, only parts with the caustic as it is dissolved, and easily enters a contracted and tortuous canal; in fact it would safely and thoroughly carry the nitrate wherever a slender flexible instrument could make its way. This plan of procedure is one suitable to all cases, and one alone feasible in nulliparæ, and also in multiparæ when the os and cervix are not preternaturally open, as under these circumstances the small size of the passage forbids the ready introduction of the instruments ordinarily employed.

Inasmuch as a single object is ever to be held in view, whether the solid or liquid caustic is selected, namely, a stimulant impression upon the relaxed and sluggish capillaries, but not an irritant, much less a corrosive action, the point of the probe should be introduced, turned in all directions, and withdrawn in such a rapid manner that the application would be momentary, and yet complete.

Fig. 45.



Lente's platinum cup.

To prepare the probe to serve as a *porte caustique*, a small cup of platinum, or one of green glass, like a miniature test-tube, is held by a pair of forceps in the flame of a spirit-lamp, until the crystallized salt, deposited in it, is completely melted, and then the point of the instrument is repeatedly dipped a half inch or more, as in the old-fashioned process of candle-making, until it is sufficiently covered.

If the physician pursue the course here laid down, and prevent his attention from being diverted to incidental disorders, that one and all spring from a common source, the increased blood-flow to and blood-stasis in the genital capillaries, he will find that, in proportion as the congestion is subdued, the uterine structures—muscular walls, mucous membrane, and glands—re-

turn of themselves to their normal state, and that no special treatment is needed to reduce the hypertrophy, heal the erosion, disperse the cervical enlargement, or restore the mucous membrane to its normal condition. The fountain head failing, each stream that arises from it will, as a necessary sequence, also fail. The cause becoming inoperative, the effect will cease to be produced. The blood- and nerve-supply being reduced to the normal rate, the morbid fulness of the erectile coats of the uterus and vagina will disappear, and a process, like the involution following a miscarriage, will be instituted for the removal of the adventitious structures, the restoration of the genitalia to their original physical *status*, and the preparation of the uterus to execute anew its various functions with regularity and completeness. In other words, when by artificial means the blood is restrained within bounds, and the nerves are freed from preternatural sensitiveness, natural laws will, by asserting their supremacy, remove the results of diseased action, over which the rude appliances of the medical art have no further power. Thus, by the inherent force of the living organism, the hypertrophy is removed, the development of the true uterine mucous membrane prevented, the secretion of the Nabothean glands restrained, the epithelium reformed on the erosion, and the enlargement of the labia uteri dispersed; in a word, the cure is perfected.

This restoration of the physiological structure of the genitalia, restores likewise their physiological functions in their integrity. Amenorrhœa, menorrhagia, and dysmenorrhœa give place to a more natural state of the menses, which when absent, return, when scanty, become abundant, when excessive, are checked, and when painful, are freed of suffering. A cure, to merit the name, ought to comprise all these several items, as otherwise it is a delusion to the physician and a sham to the patient.

CONGESTION OF UTERUS AND OVARIES.

The same loss of blood, that reduces the congestion of the uterus, reduces also that of the ovaries and vagina; in fact, the salutary effects of the treatment are first felt in these more remote parts. The iliac pain and tenderness are mitigated

before a decided impression is made on the womb, and the vaginal irritability and inflammation, though often obstinate, before a marked change is observed in the cervix. The pathological congestion, like the physiological, starting in the uterus as a centre, and extending to the other genital organs that are united with it in function, recedes in the same manner, and thus the ovarian and vaginal blood-vessels are left free long before the uterine have recovered their due balance.

The ovarian symptoms, therefore, being induced by and yielding with the uterine hyperæmia and hyperæsthesia, demand no treatment other than that directed to the uterus. Indeed, even should the congestion of the genitalia be so intense as to result in the effusion of serum or blood, and threaten inflammatory action, yet to forestall so unfortunate a complication, or, on its accession, to prevent suppuration, the main reliance of the physician would still be the local loss of blood, which is now, as before, to be taken from the uterus, the vessels and nerves of which were originally at fault. This operation failing to avert or conquer the vascular excitement, which, when inaugurated, always tends, by spreading more and more and rising higher and higher, to eventuate in the formation of an abscess that, like any other, seeks for itself an outlet, his hopes for the attainment of a fortunate issue should now no longer be reposed upon the resources of art, but rather upon those of the constitution.

CONGESTION OF CERVIX AND VAGINA.

The vaginal symptoms, originating from the same source, and being continued by the same causes as the ovarian, will, in a like manner, never be successfully reached unless by the local loss of blood. So also will the vaginal congestion, with its attendants—leucorrhœa, vaginitis, pruritus, supersensitiveness, vaginismus, etc.—which defy the host of sedatives, astringents, cauterants, and the like, that are in various combinations directed against them, never be removed, unless by the removal of the uterine. This congestion, being the primary disorder, the root of the evil, must be attacked and subdued before suc-

cess can crown our efforts, or even any good come of direct applications to the vaginal mucous membrane. This much, however, being attained, it matters little what valuable remedies are held in reserve, as their services are seldom required.

The vaginal mucous membrane is inflamed, and its papillæ laid bare by the congestion beneath the surface, precisely as the cervical is rendered red and sensitive, and its papillæ denuded by the congestion of the vascular web surrounding the Nabothean glands. The one condition arising from the same central congestion as the other, each must be treated on the same principles, since neither can receive permanent benefit from any procedure, that does not restore the circulation of the vasculo-erectile layers of the uterus and vagina to a normal state. Consequently, as the vaginitis with its accompanying evils is due to congestion of the vascular loops that spring from the middle layer of the vagina, and go to its villi, the removal of this congestion will, by removing the exciting cause, subdue the inflammation, repress the acrid secretion, prevent the serous transudation, overcome the irritability and spasm, and allow the epithelial cells, instead of being transformed into mucopus, to consolidate and form a covering for the mucous membrane.

CONGESTION AND MUCOUS INFLAMMATION OF VAGINA.

Although in the treatment of uterine disease, complicated with vaginitis, a cure can only be wrought by subduing the vascular excitement underlying the mucous membrane, and feeding its capillaries; yet local medication may be advisable whenever irritation is excessive, be advantageous whenever the force and volume of the circulation is diminished, and be remedial whenever the vaginal symptoms persist, as rarely happens except in a modified form, after the congestion in the deeper structures is subdued.

The indications to be fulfilled by local medication are the same at all stages of the disease. As these are to secure cleanliness, remove acrid secretions, allay irritation, soothe the inflamed surface, and retard the retrograde steps by which epithelial cells are converted into pus, injections composed of cool-

ing sedative fluids will serve these several objects more fully, and be of more benefit in every respect, than all other applications whatsoever. Ointments, suppositories, and the like, though their properties may be unobjectionable, and their operation calculated to tranquillize vascular excitement and nervous turmoil, can but be injurious from their oily constituents, at the elevated temperature of the part, undergoing change and hastening the decomposition of the secretions, the acrid, excoriating qualities of which are thus increased. Still more is the employment of irritants, to excite a new action in the inflamed tissue, and of astringents, to arouse the contractility of the capillaries, injurious, as both of these classes of agents will tend, by over-stimulation, to add fuel to the flames, and the latter, by coagulating the cervical albumen, to cause besides a retention of the discharge and the evils arising therefrom.

Of the many applications suggested, water alone is universally appropriate and beneficial as, by washing away the secretions when properly used, it accomplishes what is chiefly desired, and, by possessing sedative properties when cooler than the body, it exercises a salutary influence on the surface over which it flows. The temperature, however, should not be too low, as the circulation would, by the subsequent reaction, be augmented, but such that a pleasurable, instead of a disagreeable, sensation of coldness would be felt. Usually water standing in a room that is warm enough for the patient to occupy, is the most suitable for all ordinary cases; but when the inflammation is at its height, and the design is more to cleanse than to heal the mucous membrane, water slightly tepid—neither hot nor cold—is more comfortable to the feelings, more soothing in its effects, and less liable to increase the symptoms. For these reasons, a vaginal injection ought to be of a higher or a lower temperature, proportionate to the greater or the less intensity of the disease; but this being subdued, and the restoration of tone to the vaginal capillaries and the prevention of a relapse chiefly claiming attention, it ought not to impart a feeling of warmth, but one of coldness, short of chilliness.

Notwithstanding plain water is applicable under all circumstances, still a medicated fluid may not infrequently, as the con-

gestion recedes, and is on the point of resolving itself, give more immediate relief, and be of more permanent advantage than a simpler one, since now antiphlogistic agents brought in contact with the inflamed surface can exercise their full curative power, the same as on other mucous membranes. A mucilaginous fluid being demulcent, an infusion of opium anodyne, and a solution of lead sedative, possess either singly or together the properties that are known to be decidedly efficacious in inflammatory affections of the skin. These properties, it will be found, are equally available for reducing the vascular excitement of the vaginal mucous membrane. A formula combining the virtues of each of these articles is the following:

℞

Pulv. opii.	ʒ ss
Plumbi acetatis	ↄij
Sassafras medullæ	ʒ iss
Aquæ bullientis	Oj

M.

Fiat infusio.

It is worthy of mention that the sassafras-mucilage is the only one with which the sugar of lead does not form a precipitate. As, however, the reaction between this salt and other mucilages is not instantaneous, an infusion of lead and opium may be mixed with that of flax-seed or elm-bark, at the time the injection is used, and thus the proper effect of each ingredient secured.

When the congestion has somewhat declined, as is shown by the circulation moving more slowly, the nervous sensibility losing its acuteness, and the inflammation becoming less active, there is no injection comparable with that of a solution of borax. It exercises marked antiphlogistic powers and possesses singular healing virtues. It impresses the mucous membrane of the mouth, throat, and nostrils as favorably as that of the vagina, and it benefits many cutaneous disorders, particularly those in which the scarf skin is at fault. This salt, though its *modus operandi* is not clearly explicable, seems, through its alkalinity, to act like a soap, inasmuch as it cleanses the surface, neutralizes the acidity, detaches the abortive and dead scales,

stimulates the capillaries, and encourages the formation and consolidation of the normal epithelium. Like a soap, the borax, when its solution is rubbed on the scalp, forms a lather with any oily matter present, and, by its detergent qualities, cleanses the hair and removes dandruff. With plain water and a solution of this salt at hand, little else will be needed in the way of injections, or in that of any other kind of topical medication, if, perhaps, in certain conditions, mucilaginous infusions, and those containing lead or opium be excepted.

The vaginal walls being always in close apposition, unless forcibly separated, and being besides disposed in numberless reduplications, a fluid, though carried to the cervix in a full, continuous stream by the pipe of a Davidson's syringe, or that of a hydraulic apparatus, can, since it returns immediately, only come in contact with a small portion of the mucous membrane. Consequently, the design for which injections are ordered will be frustrated, as this is not to make a fluid, either much or little, run in and out of the vagina, but, on the contrary, reach every point, and bathe the whole surface, so that the secretions shall be washed away, and a lotion applied to the inflamed mucous membrane. To accomplish this result, the mode of procedure is an important matter. The position of the patient, to counteract the force of gravity, should be horizontal; the instrument, to prevent a continuous reflow, should fill the introitus, and the injection, to wash the whole surface, should distend the vagina, and expand its folds. The patient, therefore, having prepared the injection, provided an ordinary female syringe, holding about three ounces, taken a posture on the back, with the shoulders as low or lower than the hips, and arranged folded napkins under the nates to protect her person and clothes, fills the syringe, inserts it a half-inch or more past the sphincter vaginæ, throws up the injection until there is a sense of fulness and a feeling as though no more could be held, and then having retained it four or five minutes, by keeping the instrument in place, and also, if need be, by pressure of the hand upon the perinæum and labia majora, allows it to return and be absorbed by the napkins. These injections, to act as a cleansing, sedative

wash, should be repeated morning and evening, and, to insure their full effects, three or four syringefuls should be employed in succession on each occasion. As injections can only influence the mucous membrane of the vagina, and not its more deeply seated layers, so they, in like manner, may act upon the outer mucous membrane of the cervix, but can neither lessen the uterine congestion, nor exercise, as they are shut out of the cervical cavity by the os externum, the least power over the Nabothean glands, or their secretion. They do not affect the congestion, assuage the irritability, lessen the leucorrhœa, benefit the abraded surface, or otherwise confer any advantage, except the slender one of bathing the mucous membrane covering the neck externally. In fact, their sphere of usefulness is circumscribed within narrow bounds, and consists mainly in removing the cervical secretion, when, from its excess, it accumulates in the vagina, and particularly when, from a change in its nature by admixture with the vaginal secretions, it is precipitated in curdy flakes and cheesy masses, or converted into a creamy, acrid, and purulent-looking matter. Of itself, however, this glandular product, that in disease as well as in health, is always albuminous, and especially adapted by its demulcent qualities, to lubricate the mucous membrane and shield it from irritation, does not call for injections, which in simple cervical leucorrhœa are prone, by washing away the natural protection to the part, to do harm rather than good.

CONGESTION AND PROLAPSUS.

Whenever womb-disease and prolapsus uteri exist together, as very often is the case, particularly in multiparæ, the treatment should proceed without regard to this complication, until the congestion and mucous inflammation are removed. This result being secured, then almost always the pelvic symptoms disappear, and the patient ceases to suffer serious inconvenience, even though the uterus still holds the same position as at first.

Of the married women coming under treatment, the majority have this displacement in a greater or a less degree, though unconscious of a misfortune that is, in the opinion of most hyster-

ologists, fraught with such terrible consequences; and yet it is seldom necessary to do more than cure the womb-disease, save in those exceptional cases, in which the uterus still continues to drag upon and distress the other pelvic organs. In such a contingency, if the symptoms warranted interference, the treatment recommended under the head of prolapsus uteri, vesicæ et vaginæ should be carried into operation. At times, however, in the simpler forms of uterine leucorrhœa, that originate from, or are prolonged by the downward dislocation keeping up the fulness of the cervical capillaries, and in this way rendering the glandular secretion excessive, it may be advisable to make trial of an artificial support, whilst the local treatment is in progress. Still, as a rule, this plan will prove unsatisfactory, and retard rather than expedite the cure.

CONGESTION AND PROCIDENTIA.

The congestion of a uterus, that is partially or completely external to the genital fissure, unlike the congestion attending prolapsus, will never be remedied by local treatment, nor even improved in the least particular, whilst the circulation is obstructed, and the free passage of the return-blood prevented by the force of gravity, that in the erect posture carries the pelvic contents downward, and subjects the uterine veins to the constant constriction of the perineal muscles.

To obviate this force, the horizontal position must be assumed and strictly maintained, the uterus reduced and constantly kept, as near as possible, at its normal height, or at least within the pelvic cavity, and the topical abstraction of blood and the application of lunar caustic employed from time to time, as under ordinary conditions, until the cure is fully achieved. The cases in which the author has resorted to this practice have recovered with wonderful celerity, the congestion, and even the cervical catarrh being mastered in the brief space of three or four weeks. This singularly prompt and fortunate result has in the main been due to confining the patient in bed, and forbidding her to rise even at the calls of nature. The steps of the recuperative process are these: The uterus, no longer

swollen by the fulness of its veins, has a doughy, shrivelled feel; the nerves, no longer imprisoned in a dense tissue, lose their acute sensibility; the circulation, no longer excited by a central irritation, recovers its balance, and the involution, no longer obstructed by morbid action, proceeds with the like rapidity and attains to the like completeness as after a miscarriage. When, in this manner, the hypertrophy melts away, the nervous and vascular systems resume their functions, the abrasion heals, and the cervical leucorrhœa diminishes; then, in the same ratio, the vagina recovers its tone, the perinæum its contractility, and the floor of the pelvis the firmness to retain the mechanical means that will, if judiciously employed, prevent a return of the procidentia, support the uterus, vagina, and bladder at a proper level, and in other respects afford such substantial relief that the patient shall regain her health, and be oftentimes enabled to resume an active, or even a laborious employment.

Theoretically it might be apprehended that this course would, by the long confinement, impair the strength, intensify the causes of the procidentia, and, on the erect posture being resumed, increase the evils it was designed to remedy; yet practically these fears are found to be groundless, and though in a measure the health might suffer, and debility be induced, still the perineal muscles, the chief support of the pelvic contents, would, when relieved of distention, recover their tone, and would, when the womb-disease is cured, hold in position a properly adjusted pessary, and thus effectually prevent a protrusion of the uterus, vagina, and bladder. Successful, however, in this, the main object, the medical attendant will encounter but little trouble in speedily repairing, by the aid of general remedies, the inroads made on the physical powers, and thus reinstating each organ in the full exercise of its functions.

CONGESTION, HYPERTROPHY, AND ANTEVERSION.

Inasmuch as anteversion is normal to a certain extent, and is merely augmented, whenever the uterus becomes larger and heavier than usual, by its fundus rising above the superior

strait, and falling further forward on the bladder, the only treatment of real, lasting advantage is to reduce the congestion and hypertrophy by leeching or scarification. This result being obtained, the uterus will, since its size and weight are less, subside in the pelvis and resume more or less its original inclination. As the disorders occasioned by this malposition are the same in every form of hypertrophy, and are excited to an extreme degree in the later months of pregnancy, when the fundus falls directly on the bladder and crushes it down into the smallest possible space; so likewise, the processes instituted to compass a cure are the same in all cases, being a series of evolutions, either spontaneously or artificially induced, that, on the removal of the congestion, involutes the uterus and restores it to its normal state.

Wherefore all medical plans, and all mechanical devices, that shall not promote the resolution of the congestion, and the dispersion of the adventitious tissues, will be temporizing and worthless; and any that shall irritate the nerves, excite the capillaries, and stimulate the morbid nutrition, will be not only injurious, but will greatly add to the hypertrophy and anteversion.

In conjunction with the topical treatment it is often found that a patient with a pendulous abdomen, which bags over the pubic bones, will experience much relief by wearing a supporter so constructed that it shall, by raising the intestines above the pubes and carrying the bladder and uterus towards the spine, supply the place of the oblique muscles, relaxed by repeated child-bearing. A simple expedient of this sort, when successful, lightens the burdens imposed on the bladder, by shifting the pressure from the pubes to the brim of the pelvis, renders the displacement more tolerable, by making a firmer bed for the uterus to recline upon, and mitigates the vesical irritability, the source of many distressing symptoms, by offering the support the abdominal walls fail to give.

Stays, rising above the false ribs and falling below the wings of the ilia, prevented from slipping up by a T bandage, and settling down by thin strips of whalebone quilted into the cloth, and so fitted to the form as to accurately embrace the abdomen,

hips, and back, will carry out these views better than any thing else, and accomplish more than supporters of greater pretensions. A pad, or folded napkin may be placed over the hypogastrium to localize the pressure, and bring it to bear more directly upon the bladder and fundus uteri.

A more homely plan, however, yet one nearly as satisfactory, is to take a strong, coarse piece of unbleached cotton cloth of the required length and width, and by goring its upper and lower borders, and otherwise fashioning it, as were the stays, make a closely fitting abdominal bandage. This can be laced, pinned, or tied with tapes, as fancy or convenience may dictate; if laced, its upper and lower halves should be fastened separately, that the greatest tension might come over the hypogastric region; if pinned, an assistant should be employed, that a proper adaptation and tightness might be secured; but if tied, the patient could attend to herself, and even regulate with precision the degree of compression at any given point. In using tapes, they should, to prevent roping of the cloth, be set not more than two inches apart, and, to protect the skin from chafing, be knotted over the free ends of the bandage, that have been left long enough to fold together into a compress.

CONGESTION, HYPERTROPHY, AND RETROVERSION.

The uterus being congested, hypertrophied, and in every other particular affected in retroversion as in anteversion, except in this, that its axis is now changed from a forward to a backward inclination, through the round ligaments that have participated in the general vascularity and growth, not retaining the fundus in position, but permitting it to sway toward the sacrum, the special treatment of the womb-disease, notwithstanding this complication, ought not to be diverted from its course, but followed perseveringly, as in other cases, until the cure is perfected. As involution of the uterus takes place, that of the round ligaments advances in a like proportion, and, as the uterus regains its natural volume and density, the round ligaments become shorter and firmer, and offer a more effectual resistance. Thus, these ligaments, on the removal of

the uterine congestion, the cause of their relaxation and elongation, are fitted, by a true process of involution, to resume their office; and, on their retraction and condensation, are enabled, by the lighter weight to be sustained, to draw the fundus more or less forward, and at times restore it to the centre of the superior strait. At least, the retroversion is lessened to such an extent, and the pressure of the fundus on the rectum, and of the cervix on the bladder is taken off to such a degree, as to break the chain of morbid sympathies, dispel the severer pelvic pains, and allow of a tolerable if not a comfortable state of health.

A course of treatment that shall be efficient will regard the organic laws by which the muscular structure of the uterus, vagina, and round ligaments is developed, whether this development is pathological as in uterine disease, or physiological as in pregnancy, and will be based on those supplementary laws by which, on the cause being removed, the nervous and vascular influx is checked, hypertrophy melted down, effete matters removed, and each structure restored to its original condition. On the contrary, a course of treatment, however promising, that shall not aim to promote involution by acting in a line with the spontaneous efforts, will, though often achieving a temporary success, disappoint the hopes of the physician, and fail most signally to benefit the patient.

If these ligaments, after the pelvic congestion and mucous inflammation are removed, remain of a preternatural length, time will usually remedy the defect; but if not, as rarely happens, then the use of a globe pessary will possibly, by pushing the cervix backward, and thus indirectly throwing the fundus forward, be of some assistance in the support of the uterus. This instrument answering the purpose, the ligaments, as they are now relieved of stretching, become shorter and thicker, acquire firmness and strength, and in the end are prepared anew to perform their duties.

Of the many instruments and operations devised for retaining the cervix in the middle line of the pelvis, and thus restoring the uterus to its original inclination, both in retroversion and anteversion, little need be said. They not only seldom confer any lasting benefit, but almost invariably inflict irre-

parable injury. Wherefore should either of these displacements defy all efforts, directed on the principle just advocated, it would be the lesser evil to let the patient endure the pains Nature inflicts, rather than, by the attempt to do more, incur the hazard of adding others of greater intensity, and thus increasing her misery.

CONGESTION, HYPERTROPHY, AND ANTEFLEXION.

When uterine disease is complicated with a forward bending of the uterus on itself, this deformity ought not to monopolize the attention, nor even in any wise influence the treatment which now, as in anteversion, is to be exclusively directed against the congestion. The urinary symptoms that arise from the fundus falling behind the bladder and intrenching on its posterior wall, and the pelvic, from the uterus by its bulk filling in the excavation, pressing upon the perineal muscles, and drawing down the rectal and cystic attachments, are found here, as in anteversion, to abate as the enlargement decreases, and disappear as the normal size is regained. The vascular fulness lessening, the morbid nutrition retrogrades; the healthful circulation returning, the tissues resume their original *status;* the pressure ceasing, the symptoms of anteflexion vanish; in fine, the congestion and hypertrophy being removed, the cure, as far as attainable by art, is accomplished, notwithstanding the flexure still remains unaltered.

The restoration of the uterus to its normal axis by a mechanical device or a cutting operation is not possible, neither is it necessary for the relief of the patient, as there is ample room in the pelvis for a body two and a half inches in length to lie doubled on itself, without the bladder or rectum being sensibly incommoded, irritated, or otherwise disturbed. Besides, the pelvic organs have, when their space is encroached upon, the power of accommodating themselves to a partial infringement on their rights, provided the uterine congestion, the primary, central trouble, is completely and permanently subdued.

CONGESTION, HYPERTROPHY AND RETROFLEXION.

The remarks just made on anteflexion are equally pertinent to retroflexion. As the former trespasses upon the space of the bladder, so the latter upon that of the rectum, and, as in the one, the subdual of the congestion and the restoration of the uterus to its natural dimensions, relieve the pelvic weight and distress, so in the other, similar changes are attended with a like fortunate result.

CONGESTION, HYPERTROPHY, AND ANTERO-LATERAL FLEXION.

The bending of the uterus may be to the right or left of the symphysis pubis; in fact, the inclination, which is rarely in a line with the sacro-pubic diameter, may be toward any point of the anterior half of the pelvis. This diversity, however, does not impress new characteristics, necessitate alterations in the treatment, or interpose greater obstacles to success. On the contrary, should the fundus, at the height of the congestion, lie to one side of the bladder, and the uterus be disposed in an oblique diameter of the pelvis, the urinary disorders would be less urgent, and the rectal obstruction less pronounced than in a direct anteflexion; and, on the removal of the congestion, the bladder and rectum having more space, and being less pressed upon, the relief of the symptoms would be more complete.

CONGESTION, HYPERTROPHY, AND RETRO-LATERAL FLEXION.

A retro-lateral flexion bears the same relation to retroflexion that an antero-lateral flexion does to anteflexion. The rectal and urinary symptoms are less severe, the pelvic distention and distress less decided, and the chances of a successful treatment greater, than when the fundus infringes directly on the rectum and the cervix on the bladder.

CONGESTION, HYPERTROPHY, ANTEFLEXION, AND ANTEVERSION.

Whenever a direct or an oblique anteflexion exists, the fundus tends, by its weight, to settle downward, and, by the tenesmus

commonly experienced under these circumstances, to be forced lower than the cervix. This is a troublesome complication, one that greatly intensifies the cystic irritability and the pelvic distress; but still the usual treatment will be equal to the emergency, and as effectual in removing the congestion and hypertrophy, and dispelling the pelvic disorders, as in a simple anteflexion. The version, however, is apt to continue in a greater or a less degree, and occasion considerable inconvenience. Eventually, however, when the relaxed tissues have had the opportunity to regain their tonicity, the fundus will rise to its original position, that of the anteflexed organ.

CONGESTION, HYPERTROPHY, RETROFLEXION, AND RETROVERSION.

A retroflexed uterus may be thrown backward and downward to a much greater extent than an anteflexed one can be forward and downward. There is no bony wall like the pubic, no firm attachment like the cystic, to prevent the fundus from descending to the perinæum, and the cervix from rising to the pubic arch.

This is a complication more unfortunate still than the like forward dislocation, and one that often taxes to the utmost the fortitude of the patient and the skill of the physician; yet, in this untoward position of the uterus, as in the other, our dependence is first on those topical means that will remove the congestion and hypertrophy, and then on those organic forces that will restore contractility to the muscles and ligaments, which hold the pelvic organs in place. In time, if the congestion be overcome, and the uterus reduced to its original size, the round ligaments will, by becoming shorter and firmer, elevate the fundus, and the pelvic muscles will, by regaining their tone, offer an efficient support; but if the retroversion persist, more or less, still an adaptation, of which there are many notable examples, will be acquired, and the health of the patient restored to a tolerable condition.

CONGESTION, HYPERTROPHY, ANTEFLEXION, ANTEVERSION, AND PROLAPSUS.

An anteflexion is rarely united with an anteversion without the two superinducing a prolapsus. The weight and tenesmus would certainly tend, as the parts became relaxed, to carry the distorted, displaced organ in a mass to the floor of the pelvis, and could scarcely fail, as the descent took place, to add materially to the gravity of the symptoms. The treatment, however, should still, in spite of these accumulated ills, be directed against the congestion. As this yields, the pelvic disorders will diminish, and, as it is conquered, the uterus will be better supported by the contiguous organs.

CONGESTION, HYPERTROPHY, RETROFLEXION, RETROVERSION, AND PROLAPSUS.

The remarks made under the last head are equally applicable to this. The circumstances are strictly analogous, the mode of procedure is the same, and a like result is to be anticipated. In either case, after the uterus has regained its natural circulation and its usual size, a pessary, if required by the symptoms, will at times be useful in supporting the walls of the bladder and vagina, and removing the pressure of the pelvic contents from the ostium vaginæ. The method of procedure will be found fully detailed at a future page.

CONGESTION, ABRASION, ENLARGEMENT, AND ELONGATION OF CERVIX.

The restoration of the normal circulation to the uterus, as hitherto seen, removes the menstrual irregularities, neuralgic pains, and other symptoms waiting upon corporeal congestion, without the necessity arising for the employment of any special plan of treatment; so, in a like manner, the restoration of the normal circulation to the cervix has a like happy effect on its morbid conditions. The abraded surface regains its epithelial covering, the dilated and everted os contracts, and the enlarged and elongated labia shrink; in a word, the entire

cervix assumes its natural size and appearance. The influx of blood lessening, the capillaries retract; the plastic materials failing, the morbid nutrition ceases; and the semi-organized lymph being absorbed, the tissues regain their original condition. This change, similar to the involution that follows the delivery of the fœtus, is wrought by the vital force inherent in the part affected, and is accomplished *pari passû* with the subdual of the congestion and the restoration of the Nabothean glands to their original condition. Hence, as topical applications cannot facilitate, but may retard, or even prevent a return of the normal nutrition, they must be avoided, and Nature, who is always equal to the task, left to perfect the work. Indeed, the ingenuity of man could hardly devise any thing more hurtful than the escharotics, blisters, and the like applications, that are in favor with most uterine specialists.

CONGESTION AND STRICTURE OF INNER CERVIX.

In multiparæ, as the cavity of the neck expands, under the stimulus of congestion, equally with that of the body of the womb, no obstruction is offered to the exit of the menstrual fluid, notwithstanding the greater space occupied by the swollen cervical glands, nor to the introduction of a sound through the os internum, an operation always difficult in the normal state. Hence, the dysmenorrhœal and other pains, indicative of obstruction, being due to the supersensitiveness of the uterine nerves, and not to the existence of a cervical stricture, the only treatment necessary or allowable is that directed against the congestion. This being removed, all that is practicable or even desirable is accomplished.

In nulliparæ, on the contrary, as both the body and the neck contract under the stimulus of congestion, the converse holds true, the swollen mucous membrane narrowing the cervical canal, impeding the flow of the catamenia, and causing dysmenorrhœal pains. This narrowing, a congestive stricture, is removed by depleting the veins of the uterus, and not by dilatating the cavity of the cervix. Should the multiparous uterus, when diseased, not follow the law of growth once

imparted by conception, but maintain its ordinary size, it would also present a like constriction that could only be overcome by a like treatment.

If, in a nullipara, the inner cervix be small enough to signalize the menses from the first with violent, agonizing pains, like those of labor, the physician has, in all probability, to deal with a congenital stricture, one that renders the menses scanty and painful by the insufficient calibre of the outlet, and induces congestion and neuralgia by the imperfect relief of the monthly hyperæmia. This stricture being the primary trouble, the starting point of the symptoms, should not only be regarded during the treatment of the uterine disease, but should, in order to secure a satisfactory result, be permanently dilated.

What is suggestive, Nature is now and then equal to the emergency, and unaided achieves a cure by forcing the small clots, that accumulate in the womb, through the cervix with expulsive pains. This process, that simulates an early abortion, offers a most efficient dilating power, and in time will not infrequently, if repeated at successive periods, enlarge the inner cervix to the proper calibre, and banish the menstrual pains. Of this, the natural mode of cure, the writer has met with several notable examples. In most cases however, from the menses being scanty, and clots absent, the original obstruction not only continues, but is augmented by congestion of the uterus and swelling of the cervical mucous membrane. Under these circumstances, the treatment for stricture and congestion should be combined, the cervical canal being dilated, and the uterine veins depleted simultaneously.

In undertaking dilatation, it is of the first importance that the operator has a perfect ideal of the ora uteri and inner cervix, the *modus operandi* of different appliances, the object desired, the difficulties in the way, and the hazard run. Holding, therefore, in mind, that in a healthy virgin uterus its os externum easily admits the bulb at the point of the sound; that its canal, for the space of three quarters of an inch or more, has a considerable expansion in all directions, and that its os internum is closed by the coalescence of dense, muscular walls, and hence forbids ready catheterism, he should strive to make the abnor-

mal cervix, as far as practicable, like the normal. This being done, art has reached its limits.

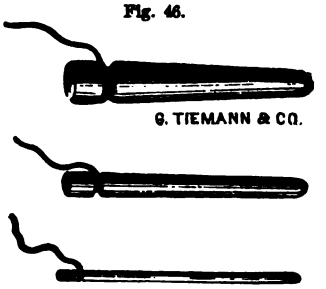
It would seem, however, from the doctrines taught and received, and the methods advocated and practised, that it is considered necessary to open a free passage to the fundus. To this end dilators are by force, or the aid of the knife, carried through the os internum. As a necessary result, this violent and unnatural procedure occasions, directly, forcing spasmodic pains and distressing nervous feelings, and, remotely, an increase of the congestion, cervical constriction, and general discomfort.

The true plan, on the contrary, is step by step to enlarge the canal, below the os internum, by gentle means, brought in play once or twice during each menstrual interval, and, in the mean while, to treat the uterine congestion as in uncomplicated cases. This congestion, which is always increased, if present, and induced, if absent, however slight the expansive power of the agent employed, must be removed after each trial, before the dilatation can be resumed with advantage. Should this caution be neglected, and persistent attempts, made in rapid succession, by tents or other means, to accomplish an extreme dilatation, so as to compensate for subsequent retraction, the stricture, on the discontinuance of the treatment, would, through an increase of the congestion and hyperæsthesia, be found worse than at first; but should the dilatation, on the other hand, be practised with caution and to a moderate extent only, and not resumed until the congested capillaries are unloaded, no serious trouble would be encountered in bringing the inner cervix to the normal standard, and thus securing a free passage for the menstrual flow, and a complete release of the patient from pelvic disorders. The walls of the os internum having, particularly at their upper border, the same structure and obeying the same laws as those of the uterus proper, are always in apposition, and never permanently expanded by any agency, unless of a morbid nature. For this reason a stricture at this point, as it is due to the congestion exciting a spasmodic contraction of the muscular fibres, which here act as a true sphincter muscle, is never removed, except by removing its cause.

The cervix may be dilated by bougies or sounds, such as are

used for the same purpose in strictures of the male urethra, and better still, by probes of pure silver. The last being flexible, but still sufficiently resistant, are superior to the others, when the canal is very small and tortuous. This method has the disadvantage of being tedious, requiring frequent operations, and attaining the end slowly, but the advantage of being devoid of danger, acting efficiently, and securing good results. The agent, however, which is the most worthy of confidence, the one that ought to supersede all others in cases of extreme contraction, is the sea-tangle, the laminaria digitata. Its stem, though cut to a size small enough to penetrate the most diminutive canal, could still be introduced with ease; whereas the compressed sponge, if served in the same way, would be pliable, double on itself in the attempt at its introduction, and swell into a soft, yielding mass by contact with the cervical mucus. Hence, the laminaria is adapted for an early stage of dilatation, as it takes any required size, expands gradually and moderately, becomes when moistened a jelly-like mass, that is free from irritating qualities, and exercises a power continuous and effectual, yet neither excessive nor the source of local or constitutional disturbance; but, contrariwise, the sponge for a late stage, as it requires the inner cervix to have a certain calibre, one at least half of the natural, possesses great expansiveness, and remains readily in position.

Fig. 46.



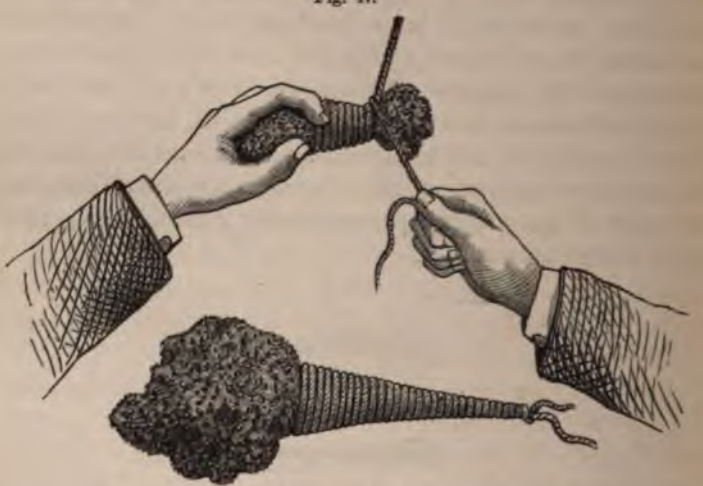
Laminaria Tents, full size.

The former is far more liable than the latter to slip away when the bladder is emptied, the bowels moved, or the erect posture assumed, its glutinous substance not wedging itself so perfectly into the irregularities of the inner cervix.

In preparing the sea-tangle, a piece being taken an inch or more long, its point is sharpened, its shaft made of a uniform circumference, and its outer extremity notched for the attachment of a string so as to allow of removal without the aid of the medical attendant.

In preparing the sponge, one of the finest quality is selected, wet with warm water, squeezed dry, and then wound, from the middle to either extremity, with a strong cord, previously secured by its free end to some firm object. To apply one's strength advantageously and attain the greatest condensation of the sponge, the part of the cord making the turns should pass to the left of that upon which traction is made, so that both would move along together and keep in the same line. A sponge when properly compressed, and dried by artificial heat,

Fig. 47.



Method of preparing Sponge tents.

or, what is better, by exposure several days to the air, before the cord is removed, will, since it is now as compact as a piece of pasteboard, be easily cut into tents of the requisite diameter and length. The various ingredients recommended for impregnating the sponge, and thus rendering it dense, firm, sedative, antiseptic, etc., are as apt to do harm as good. Indeed,

plain water answers every purpose, and leaves nothing to be desired. These tents are made of the same length as those of sea-tangle, and each is, in like manner, furnished with a string at its blunt extremity.

To introduce either kind, the cervix is first exposed by the speculum, brought well into the field of vision by the point of the sound, and cleaned of all mucosities by pledgets of cotton, and then a tent is seized by a pair of long, slender forceps, held so as to conform to the axis of the uterus, and insinuated, slowly and gently, into the cervical canal for about three quarters of an inch. If mucus flows from the inner cervix, its surface is sufficiently lubricated, but if not, powdered soap, slightly dampened, may be smeared over the tent. This, made of such a size and adjusted in such a manner that it distends the os externum sufficiently to retain its place, is now steadied by the closed beak of the forceps, whilst the speculum is removed. At the same time, the string attached to the tent is drawn down, and left projecting two or three inches beyond the vulvæ. The patient should keep in bed, and avoid a movement of the bowels or bladder an hour or more, whilst the expansion is taking place, before resuming the erect posture, and then should remove the tent the following day by gentle traction on the string, or should, if foiled in her efforts, apply to her physician for assistance. If the tent excites labor-like pains, or causes severe local or general symptoms, it must be removed at once, and not reapplied until this irritability, which is always due to congestion, is subdued.

In office practice, it is better to employ the compressed sponge, when practicable, as it expands quickly, spreads in all directions, is not glutinous and slippery, and maintains its hold with considerable tenacity. The patient ought, however, that success may be certain, to continue in the horizontal position some ten or fifteen minutes after the operation.

CONGESTION AND PREGNANCY.

As during pregnancy there is an increased vascular afflux to nourish the uterus and its contents, and an exalted nervous

power to perfect the vital elaborations in progress, it is impossible, whilst this condition continues, to diminish, much less subdue, any morbid congestion present, as the physiological overrides the pathological, and both are merged in one common fulness of the genital blood-vessels. Yet Nature, ever recuperative in her efforts, will oftentimes, through the process of nutrition during pregnancy, and of involution after delivery, effect a revolution, conquer morbid action, and restore the circulation to its healthful balance. If she fail, then three or four months subsequent to confinement, it will, when the symptoms are urgent, be necessary to treat the womb-disease as recommended at a previous page. In such cases, nursing the child the usual time, or some months at least, is to be insisted upon, as it derives from the uterus, prevents the monthly excitement, and makes the breasts the centre of vital operations. The sexual organs being now in a quiescent, hibernating state, the response to depletion is more prompt, and the result more fortunate, than under other conditions.

CONGESTION AND CHANGE OF LIFE.

At the menolipsis, the special vitality that was imparted to the uterus at puberty being lowered by the sluggishness of the circulation and the torpidity of the nerves, congestion, if present, will always be augmented; and, if absent, will often be inaugurated. This congestion, in order to effectually check the floodings, promote the climacteric involution, guard the health, and prevent the seeds of malignant disease, that find here a fitting soil, from being deposited, and in later years bearing deadly fruit, should be met and subdued as under other circumstances. Proper care, exercised at this critical age, saves much present suffering, and lessens the hazard of future trouble. The local treatment, however, which may from the nature of the case extend over a considerable period of time, must be employed or omitted by turns until, from the final cessation of the menses, the climacteric involution is completed, and the uterus is ushered into its second childhood.

CONGESTION AND VASCULAR TUMOR.

The vascular tumor that is occasionally found located at the meatus urinarius is promptly and permanently removed by the solid nitrate of silver, or, in case this is not sufficiently active, by an escharotic like the nitric acid. Whichever agent is selected, the cauterization should be resorted to about every seventh day until this strawberry-colored tumor—this little mass of dilated capillaries—is repressed, and the base whence it grew restored to its natural appearance. In making these applications, great caution should be exercised that they, while reaching the entire diseased part, do not extend to the healthy tissue, especially that of the meatus, as otherwise severe inflammation might result, and render urination distressing, if not impracticable. A good light being secured, the external and the internal labia held asunder by an assistant, the mucous membrane wiped dry, and the meatus protected by stretching its borders to either side by the fingers, the stick caustic, fitted into a proper holder and sharpened to a point, is held some two or three minutes on the tumor. The object is to excite local inflammatory action, seal up the capillaries, and produce a superficial slough. Should the silver not be sufficiently potent, as rarely happens, nitric acid would supply its deficiencies, and bring away the diseased mass.

The vascular tumor, as it induces congestion of the pars intermedia, bulbi vestibuli, and erectile coat of the vagina, is usually attended with vaginitis and vaginismus. The cause, however, being removed by the removal of the tumor, the tumult of the arteries of the vagina and the irritability of its nerves abate, the spasm of the muscles and the inflammation of the mucous membrane give way, and eventually each structure resumes its natural condition. If, however, as occurs in exceptional cases only, the mucous irritation be prolonged by the sluggish, overcrowded state of the vaginal capillaries, it will yield to injections, like a similar condition sometimes met with after the cure of uterine congestion.

CONGESTION AND MUCOUS INFLAMMATION OF RECTUM.

Whenever, in womb-disease, the erectile coat of the vagina is seriously involved, the vessels of the rectum are, from their proximity, liable to irritation, congestion, and even inflammation. The depletion of the uterus, however, notwithstanding this complication, is to be steadily followed as in a more simple case, with the confident expectation, which is almost always realized, that, when the cause shall be inoperative, the effect will cease. It, however, gives ease to the patient during the progress of the treatment, and restores tone to the atonic capillaries after the uterine congestion is subdued, to employ rectal suppositories, injections, and the like means, that are so advantageous in a similar state of the lower bowel from other causes.

CONGESTION AND MUCOUS INFLAMMATION OF BLADDER.

The therapeutical principles advanced above are equally applicable to inflammation of the bladder. Diluents, alkalies, buchu, uva ursi, and like articles, that are indicated in vesical disorders arising from other causes, may be used as adjuncts to the special treatment; but still they can accomplish but little good, however skilfully directed, until the uterine disease is cured.

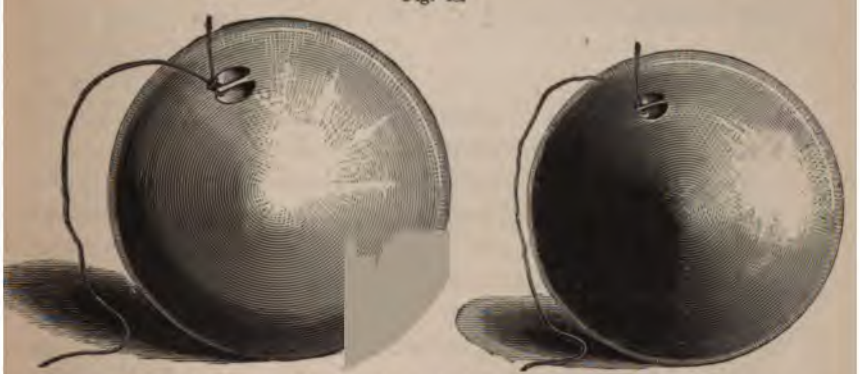
PROLAPSUS UTERI, VESICÆ, ET VAGINÆ.

In multiparæ, as hitherto shown, a falling of the uterus below the standard level, or its deviation from the standard inclination, is not the exception, but the rule. In fact, the uterus, bladder, and vagina may be displaced either singly or together without giving rise to much or any inconvenience to the patient. Under such circumstances the interference of the physician is neither necessary nor justifiable. As the congestion of the uterus takes place, a sense of dragging, weight, and pressure is experienced by the patient in the pelvis, when she is much on her feet, from the bulk of the womb and the irritability of its nerves; but as the congestion subsides, these symptoms, that are thought to be indicative if not characteristic of prolapsus, partially or wholly disappear. Hence, in every case, before the

attempt is made to treat a uterine, vesical, or vaginal displacement, congestion and mucous inflammation should be completely subdued, as otherwise any mechanical appliance, used as a support, would intensify the uterine disease, and would, instead of relieving, render the symptoms of prolapsus more intolerable.

Now, as a simple falling of the uterus, bladder, and vagina below their normal level is of little moment of itself, and only becomes important when their attachments are put on the stretch, the pelvic floor pressed upon, the *bas fond* irritated, or the rectum obstructed, a support, to be effectual, should be of such a nature that it would sustain the cystic and the vaginal walls, receive the weight of the uterus, and rest upon the perinæum as a base. This support need not trespass on the space of the bladder or rectum, nor altogether restore the parts to their original position, as it is only necessary, in order to relieve the symptoms, to remove the tension of the uterine, vesical, and vaginal ligaments. A globe pessary, much better than any other instrument that has been devised, fulfils these indica-

Fig. 48.



Silver-coated globe pessaries, of the full size, and furnished with cords to facilitate their removal.—TIEMANN.

tions, and when judiciously applied, seldom disappoints the physician's expectations. It presents the same diameter in all directions, gives a uniform support though it rotates in the pelvic cavity, produces no irritation, occupies little room, distends the parts just enough to keep the vagina, bladder, and

uterus from pressing upon the pelvic outlet, and arouses the contractility of the levator ani and perineal muscles. A globe is to be selected, the smallest that will remain in position, and obviate the symptoms of prolapsus. The object in view is not to employ an instrument that shall keep in place by its size, as such a one will increase the original trouble by producing still greater relaxation, but an instrument that shall move freely in all directions, and still will be large enough to sustain the pelvic organs, and take off the tension from their attachments. If the pessary occupy much space, it will cause irritation, pressure, weight, and even bearing-down, expulsive efforts, like those of labor.

The walls of the bladder and vagina, the levator ani, the perineal muscles, and the yellow elastic and condensed areolar tissues being thus relieved of the constant stretching to which they were subjected, contract and become firmer and denser, so that, on the pessary being removed, the relaxation is less than before its employment. This statement was verified in most of the cases treated for prolapsus, by a digital examination, and also by the fact, that the longer a pessary was worn, the better it remained *in sitû*. Thus after a while precautionary measures often become unnecessary, although these at first were called for to prevent the instrument from slipping away during exercise, urination, and defecation.

To promote the contraction of the tissues and wash away the secretions, injections of cool water, plain or medicated, should be taken twice daily, and in cases of great relaxation, those made by dissolving a drachm or two of alum in a pint of boiling water. At first, alum, or some other astringent, is required to condense the mucous membrane, and keep the pessary in position, but eventually, water alone is sufficient. As all astringent substances would coagulate any albuminous secretion, still present, into curdy flakes or masses, which being retained might induce irritation, or even subacute vaginitis, injections of water or of borax in solution, should precede those of alum as long as there is an appreciable leucorrhœal discharge. To prevent the pessary from being forced out, the woman should, when on her feet, wear a T bandage; should, when the bladder or bowels

are relieved, press the fingers against the vulva; and should, when this precaution fails, use a night-chair, the seat of which is made of such a height and inclined at such an angle as to oblige her to maintain a partly standing position.

To remove the pessary, on the contrary, a matter that is, for the sake of marital peace, important, the woman should assume a stooping posture as though seated on a low stool, and force down as in evacuating the bowels. The position and the effort causing relaxation of the levator ani and perineal muscles, the instrument is readily expelled. If aid be required as is sometimes the case, the physician placing the patient on her back, and directing her to hold her breath and make an expulsive effort, hooks one index finger above the pessary in front, and drags it downward and backward forcibly against the perinæum, and then passing the other into the rectum beyond the pessary, pushes it past the introitus as the finger in the vagina is withdrawn. This method, which suggested itself to the writer whilst making fruitless attempts at extraction, does away with the need of instruments, and more than supplies their place. The space at the introitus, after the perinæum has regained its original length and firmness as often happens, is insufficient to accommodate both the finger and the pessary, even though at the time the introduction was effected, the relaxation was extreme, and the success of the operation doubtful.

As a mechanical support is designed to overcome the force of gravity, it can without harm be dispensed with when the patient is in the horizontal posture, but must always be worn when she is on her feet, as otherwise the prolapsus may return and be as great as at first. If, however, congestion of the uterus, vaginal coats, or Nabothean glands, or mucous inflammation, be excited or renewed, it will be necessary to remove the pessary, notwithstanding the advantage already gained will thus be sacrificed, and not replace it until each organ has regained a more healthful condition. The pessary, if it answered the purpose and occasioned no irritation, might be worn several months continuously, or even, were the necessity urgent, a year or more. To this rule the presence of the menses offers no objection, as the globe lying loosely in the vagina, and pre-

senting no obstacle to the passage of a fluid, places the uterus in a more favorable situation for the exercise of its monthly office than it occupies when prolapsed. When, after a longer or a shorter time, the ligaments, muscular fibres, and elastic tissue have recovered their contractility, then the pessary may be removed. The injections, however, of cool water, or of water containing alum, must, in order to prevent a return of the relaxation and consequently of the prolapsus, be continued. In this manner, a cure as far as is attainable by any means, however pretentious, would be secured, and should pregnancy happily occur, might possibly be rendered permanent by taking proper precautions after confinement.

If the pessary failed to afford relief, and particularly if it added to the pelvic disorders previously present, it should be removed, and the treatment restricted to astringent injections alone. This course is preferable to making trial of the many doubtful expedients so generally recommended, that are prone to do harm rather than good, and certain almost to intensify the previous sufferings.

The material of which a pessary is made is of no slight importance. It should be of a hard, unyielding nature, and capable of resisting the action of the vaginal secretions. A globe of blown glass, heavy enough not to break, but still light enough not to fall by its own weight, is well adapted to fulfil these indications. So also a globe of cork, coated with gold or silver, is equally suitable, and has the advantage of extreme lightness. If, however, the covering be imperfect or worn off, the porous substance beneath will absorb the secretions, and become the centre of a decomposing mass. The glass pessary, however, may be made sufficiently thin to avoid an objectionable weight, and yet sufficiently thick to retain the proper strength, as it is, by presenting an arch in all directions, adapted to bear a surprising amount of pressure without breaking. To avoid all danger from this source, its power of resistance should be tested by compression between the hands, protected by gloves.

CYSTOCELE.

Though a prolapse of the bladder usually attends that of the uterus, still the one may not correspond in degree with the other, and either can exist alone. The *bas fond* being expanded, or expanded and drawn down, a soft, yielding tumor fills the anterior part of the vagina, presents at the introitus, or drops below the genital fissure. These several displacements, the last of which is termed cystocele, being of the same nature and requiring the same treatment, a globe pessary will, as it occupies a certain amount of space in the pelvis, and impinges upon the neck of the bladder, be particularly efficient. Prior, however, to resorting to this instrument, all irritation of the genital and urinary organs must be removed, and subsequent to its use, the like precautions taken as in prolapsus uteri.

VAGINOCELE.

The vagina is dilated and thrown into folds in most cases of prolapsus uteri that are attended with a copious cervical secretion. This relaxation, as the uterus descends and falls into the axis of the excavation, becomes more pronounced, and eventually a circular band, complete or incomplete, protrudes through and below the sphincter. This protrusion, a vaginocele, may precede or accompany the procident uterus, and may even exist in a marked degree when the cervix is but slightly below its usual level.

The treatment employed in prolapsus uteri and cystocele is here equally satisfactory.

PROCIDENTIA.

In partial procidentia uteri, the bladder and vagina may, or may not appear at the vulva, but in complete they must always be dragged down externally.

The congestion and procidentia having been treated in the manner hitherto directed, a pessary introduced and worn several days, before the patient is allowed to be much on her feet. At first she might sit up a half-hour once or twice a day,

and then gradually lengthening this period, and making trial of walking a few minutes at a time, might, according to the greater or the less perfection in which the pessary performs its duty, take moderate exercise about the room; but still great caution would be required the first two or three weeks, lest the instrument failing to maintain its position, should drop away unawares. With proper care, however, on the part of the patient, the pessary will stay in position, and give as reliable a support as in prolapsus uteri, vesicæ, et vaginæ, provided the perinæum has, by confinement in the horizontal position, become elongated and condensed, and presents a firm bed for the pessary to rest upon.

RECTOCELE.

By a rectocele is meant that rare accident in which the anterior wall of the rectum, and the posterior of the vagina becoming dilated and thrust forward and downward simultaneously, are carried within, or below the ostium vaginæ. It has no special connection with uterine disease, or other displacement of the pelvic contents, but is always found in those patients, whenever detected, in whom the perinæum is defective, the curve of the sacrum shallow, and the rectum dilated by scybala and straining efforts at stool. In vaginocele, on the contrary, the bowel is not implicated, but only the vagina, which becoming loose and baggy by the relaxation of the cellular bond uniting it to the rectum, and alone prolapsing, forms the external tumor. An attempt being made to exonerate the bowels, a soft, globular mass, like that found in cystocele, but originating at the posterior commissure, protrudes from the introitus. This protrusion, since the expulsive force is now spent in the direction of the vulva, instead of that of the anus, will prevent a movement unless this mass be reduced and held up during the effort. On making an examination *per rectum*, the finger, carried forward and upward, meets with no resistance, and forward and downward, enters the genital fissure, and produces a tumor, the same as that formed during the act of defecation.

This displacement, the most distressing of any to which the

female is subjected, is, like the others just considered, effectually relieved by the globe pessary, provided the length of the perinæum offers a sufficient point of support. If the perinæum were congenitally narrow, or had been torn in labor, an operation for its elongation might be necessary before the pessary is adjusted; but if the perinæum were shortened and relaxed by the distention of the rectocele, the treatment in the horizontal posture, by rest, injections, etc., as in procidentia, would be demanded before the pessary could be employed.

OPERATIONS FOR PROLAPSUS, PROCIDENTIA, CYSTOCELE, VAGINOCELE, AND RECTOCELE.

If the mechanism by which the pelvic organs are held in place has been correctly set forth by the writer, then the numerous operations devised for the radical cure of uterine, vaginal, and vesical displacements can be of little advantage, and may be of great detriment to the patient. The only exceptions are those operations which will, though they never confer any lasting benefit of themselves, render the use of a support more efficient. A permanent shortness of the perinæum, whatever the cause, is remedied by an operation, the same that is practised for a rupture of the part during labor, and then, a *point d'appui* being secured, a pessary affords as good a result as in a more simple case.

In cystocele, vaginocele, and rectocele, when the relaxation is extreme, the part at fault may, by slipping past and protruding below the pessary, neutralize the good this instrument, under favorable circumstances, is capable of accomplishing. This state of things persisting, in spite of every caution and the faithful use of astringent injections, it is useless to expect ultimate advantage from this plan of procedure alone. In such a case, the treatment by confinement in bed and the use of local appliances should be resorted to, and then, the force of gravity being obviated, and the tonicity of each structure restored, the same result would be secured as in procidentia uteri. This expedient failing, it only remains either to dispense with mechanical contrivances altogether, or make them more effi-

cient by lessening the flabby walls of the protrusion. The operation, several modifications of which have been practised, consists in removing a portion of the vaginal mucous membrane from the tumor, and bringing the raw edges together by the interrupted suture. The retraction from the loss of substance and the process of cicatrization, temporarily diminishes the volume of the protrusion, whether that of the vagina, vagina and bladder, or vagina and rectum; and permits a pessary to perform its office properly and thoroughly. Now, the distending force being neutralized, the relaxed tissues have the opportunity to recover their contractility, firmness, and power of resistance. Hence, any case in which the uterus, bladder, vagina, or rectum is sunk in the pelvis, thrust within the introitus or protruded beyond the vulva, may possibly be benefited by the use of a globe pessary; and any operation that is worthy of imitation can only be of advantage by rendering this, the only certain means of support, more efficient.

GENERAL REMEDIES.

General remedies, however wisely selected and perseveringly administered, will be of no permanent advantage until the womb-disease, the cause of all the other disorders, is removed; and then, when this much is attained, little or nothing will remain for drugs to accomplish. The foundation yielding, the superstructure falls; the roots dying, the branches wither; the spring failing, the fountain dries; the cause being inoperative, the effect is not produced. The vital factors, however, that have suffered detriment, demand restitution; the blood nutritive elements; the nerves power; the stomach tone; and the bowels contractility.

The uterine disease, through the organic nervous system, strikes a blow directly at the chylopoietic viscera, and immediately perturbates and continuously perverts their functions. When, however, the parent-disorder ceases to feed its numerous progeny, the organism will, by its inherent vitality, almost always right itself, and regain its original activity and power; but if it fail, or perform its offices slowly and imperfectly, then

general remedies will be required to improve the digestion, regulate the bowels, correct the secretions, promote the assimilation, enrich the blood, and impart force to the nerve-centres. If the primæ viæ should be much disordered, and the nutritive processes much perverted, medication might be instituted whilst the womb-disease is under treatment, and thus the ground gained, as step by step the congestion recedes, would be held more securely by the renewed power of the organic forces, and success be won more promptly by each part regaining simultaneously its normal condition. To give this assistance wisely and efficiently, either during the prosecution of the local treatment or after its completion, the stomach, liver, and bowels demand the most careful *surveillance*, as they, from first to last, are prone to be especially implicated. It is necessary, in order to correct the gastric and hepatic secretions, and improve the digestion, to resort to the same agencies that are employed in similar conditions, induced by other causes. Hence, mercurials, antacids, bitters, iron, bark, and the like, are prescribed according to the exigencies of each case, but with a sparing hand, and for the single purpose of renewing the functional activity of the stomach and liver, but not of combating the incidental symptoms that, being mere epiphenomena, have no direct bearing on the main issue.

As an indispensable part of this plan of treatment, the food should contain both animal and vegetable substances, and be simple and nourishing in character, and taken at regular hours only. It is not so essential what articles of diet are selected as that they agree with the stomach, are properly digested, and present all the elements necessary to a more active nutrition. To secure this, which is dependent on the bowels almost as much as on the stomach, the one ought to claim equal attention with the other, and both to be regulated with sedulous care. Of the two, since hepatic and intestinal torpor induces fulness and sluggishness of the portal circulation, and thus directly adds to the pelvic congestion, it is more important, at least whilst the local treatment is in progress, that the bowels operate freely every day, than that the digestion is vigorous and much food taken.

At the outset, if the fæces are hard and dry, and the evacuations scanty and infrequent, showing that the colon is torpid and overloaded, active purges, like castor-oil, jalap, senna, rhubarb, etc., are to be given from time to time until the scybala are removed, and the contractility of the intestines is aroused, and then laxatives substituted and continued according to the requirements of each case. Of these, magnesia and salines are the best. The heavy magnesia, like the light, neutralizes acidity, and besides acts on the secretions, or at least carries them off, and improves the appearance of the stools. It operates mildly but thoroughly, and develops instead of blunting the irritability of the intestines. Of a similar character are salines and certain mineral waters. A solution of one and a half ounces of Epsom salts and six drachms of cream of tartar in a pint of boiling water rarely fails, in doses of a wineglassful at bed-time or at bed-time and before breakfast, to secure a daily evacuation, overcome the torpidity, and cure the constipation. The objection might be offered, that articles of this class impoverish the blood by draining off its serum; but still this would scarcely be a valid argument against their use, since the amount of medicine given is too small to cause an appreciable loss, though sufficient to increase materially the digestive processes.

Cathartics and laxatives, aside from the impulse which they give to digestion and assimilation, are, as they induce greater activity in the portal circulation, of great assistance to the local treatment by lessening the fulness of the pelvic veins. Magnesia and salines will, in addition, by stimulating the capillaries, excite the secretions, and by increasing the exhalation, cleanse the mucous membrane of effete matters, the reabsorption of which seriously deteriorates the quality of the blood.

To assist these agents, or, in appropriate cases, to supply their places, injections of water may be used. These, when slightly below the temperature of the body, are valuable adjuncts, and when increased in power by soap, castor-oil, molasses, etc., are often alone sufficiently energetic. A plan of medication conducted on these principles will rarely fail, if

a suitable diet be directed, and sufficient exercise enjoined, to secure a regular, natural state of the alvine movements.

Cathartics, diuretics, enemata, etc., containing aloes, turpentine, cantharides, and the like drugs that irritate either the lower bowel or the bladder, would be objectionable, as the uterus, from its contiguity to these organs, could hardly fail to feel the stimulus and have its circulation augmented. So, also, alcoholic or other blood stimulants that increase the force and volume of the systemic circulation are injurious, seeing that the uterine capillaries participate in the general excitement as much as, if not more than, those of other parts of the body.

For similar reasons, hot baths, general or partial, or very warm injections and stupes, tend to invite the flow of blood to the pelvis, and increase the congestion which they have no power to relieve. On the other hand, neither are applications of ice or even cold water beneficial, since, if used externally, they drive the blood upon the central organs, or if internally, as *per rectum* or *per vaginam*, they irritate the part with which they come in contact. A chronic, active congestion cannot but be intensified by all such unnatural modes of treatment.

The stomach and bowels being corrected and fitted anew to perform their duties, then the assimilation must be perfected, so that the blood may be enriched, and the nerves strengthened. If the blood is thin, the circulation lacks power, and the symptoms of anæmia exist, iron in one of its many forms is indicated; but if the nerves act fitfully and irregularly, and are the seat of neuralgic pains, bark, or one of its preparations, is demanded. These two states, however, being dependent, the one on the other, and usually existing together, both blood- and nerve-tonics are often applicable to the same case. The pyrophosphate of iron, answering this double indication, inasmuch as the iron is appropriated by the red globules, and the phosphorus by the nerve-centres, is especially appropriate. In addition to the pyrophosphate presenting to the nerves a constituent in which they are deficient, and thus being to them as it were, a true aliment, like the iron to the circulation, it often, through the excitant properties of the phosphorus, re-

stores the irritability of the muscular coats of the intestines, and in this way overcomes the torpor of the bowels, even when all other means, medicinal and dietetic, have totally failed. Indeed, here as elsewhere, the object is not to conquer disease by the appliances of art, but to aid Nature in her efforts to right herself, by placing in her hands the materials with which to accomplish the work. The following *formulæ* are those usually employed by the writer:

℞

Ferri pyrophos.	ʒ iij
Tr. colombæ	f. ℥ j
Aq. fontanæ	f. ℥ iij

M.

S.—Two tea spoonfuls before meals, in water.

℞

Elix. cinchonæ et ferri pyrophos.	℥ iv.

S.—A tea spoonful before meals.

℞

Quinoidine	
Cinchoniæ sulph.	āā gr. xxv
Tr. colombæ	f. ℥ j
Aq. fontanæ	f. ℥ iij

M.

S.—Two tea spoonfuls before meals, in water.

To the last prescription quinia is added, when it is desirable to secure the full power of the bark; but in most cases this alkaloid, from its excitant properties, tends rather to increase than allay the nerve aberrations. In fact, stimulants of all kinds are injurious in the treatment of womb-disease, as they never confer any, even a temporary advantage, but always add to the evils which they were given to remedy. Hence, alcoholic fluids in any quantity beyond one or two drachms at a dose, and for any purpose other than to promote digestion and assimilation, do harm. They irritate the stomach, perturb the nervous system, augment the debility, and perpetuate the pelvic congestion.

The same remark is applicable to the entire list of narcotics, that, being destitute of curative power, and occasioning evanescent effects only, leave the patient worse than she was before their use. More than this, as the nervous system, subjected to constant depression, craves excitement, and the mind, thrown from its balance, lacks purpose, habits of intemperance or opium-taking are extremely liable to be acquired, and plunge the unfortunate subject into new miseries, more deplorable than the old.

The mind by dwelling on the symptoms, and revolving, so to speak, around the uterus as a centre, often falls into a peculiar abnormal state, a hysteromania, that renders the cure difficult, if not impracticable. A patient whose every wish is gratified, and whose every thought is absorbed by her own troubles, is cured with more difficulty than her less fortunate sister, who is borne down with poverty, and has no time to nurse her complaints. From this fact, it is evident that the mind should be diverted, and not allowed to become morbid, and subjected to this hysteric influence; that the thoughts should be occupied by the outer world, and not with bodily sensations; that muscular exertion, even hard work, would be less detrimental than idleness and sloth, and that privation and labor would be preferable to abundance and ease. Therefore, during the progress of the treatment, the physician, if he act with judgment, will put the patient upon a regular system of exercise, both in the house and the open air; will direct her to occupy a room well ventilated, and so situated as to admit the sun-light; will interdict the subject of womb-disease as a topic of conversation between her and her friends; will order all her surroundings so as to cheer the mind, occupy the thoughts, and inspire hope and confidence, and above all will not, on his part, entertain her with the details of other cases, magnify her various disorders, or say more to her on medical subjects than he would, were she affected with any other disease. So, likewise, the treatment ought to be as little complicated in its details and as little calculated to engross the attention as possible. A sickening array of bottles and pill-boxes for this or that symptom, a free use of stimulants to buoy up, and narcotics to tone down the

nerves, a denial of air and exercise that are so essential to health, a daily programme of bathings, spongings, stupings, and packings, and a list of vaginal injections, ointments, and suppositories, will make a severe out of a simple case, demoralize the patient, and superinduce a form of mental obliquity, a species of insanity, from which there is but a slender chance of deliverance. Rather than commit an error fraught with such serious consequences to the patient, it would be far better to discard medical appliances altogether, and rely exclusively on the topical abstraction of blood and application of the nitrate of silver.

The relations between wife and husband are interrupted by most hysterologists, but in the opinion of the writer on insufficient grounds. The unmarried, whether single or widowed, neither present lighter symptoms nor regain their health more promptly than the married, and though, in the cases detailed in this work, no restrictions were imposed, the disease was not aggravated, or the recovery retarded, by allowing this latitude to the promptings of nature. As the animal passions cause, at stated intervals, a temporary congestion of the sexual organs, and as this congestion, on desire being gratified, is dissipated by a species of involution, an explanation is offered for the practical fact that a moderate indulgence is rather beneficial than injurious, provided the act is complete, and not too often repeated.

PROPHYLAXIS.

To prevent a return of the congestion at a more or less distant day is an important matter, one not attainable by drugs, but only by a rigid observance of hygienic measures. If these be wisely carried out, care will be taken that the menses shall recur normally; that conception shall not be prevented; that abortion shall be guarded against, and that involution, after a labor or an abortion, shall be perfected; in a word, that the path which Nature has marked out, shall be strictly followed. As uterine disease can almost always be traced back to a perversion of the menses, a prevention of conception, a premature discharge of the embryo, or an interruption of the process of

involution, the prophylactic treatment, to attain its end, must tend to promote the various uterine functions, and insure the full and continuous exercise of their rights. If, on the complete subdual of all pelvic disorder, these precautions be taken, and the health established by a wise obedience to the laws of hygiene, the patient will be but little more liable to a recurrence, than others, similarly circumstanced, to an attack of womb-disease.

INDEX.

PAGE

Abrasion of cervix, treatment of....461, 462
Abscess in walls of uterus, commentary on.... 64
of inner cervix " " 65, 66
Abuse of uterine sound....29, 30
Acid, chromic, application of, to inner cervix.... 443
gallic, internal use of, in uterine hæmorrhage....424, 425
nitric, application of, to vascular tumor.... 469
Advantages of leeches for local depletion....435, 439
of puncture " " " 438, 439
of scarification " " " 435, 436
Ætiology and pathology of flexions....307, 308
symptoms, general.... 308
local 308, 309
examination by touch....309, 310
by sound....310, 311
by speculum 311
of uterine disease....53–95
Alum, use of, for internal administration.... 425
with tampon.... 429
Amenorrhœa and retroversion, commentary on.... 104
inducing uterine congestion, commentaries on....104, 362, 363
Anatomy of internal genitalia....39–49
of vagina....40–43
mucous membrane....40–42
erectile coat 42
muscular " 42
fibrous " 43
of uterus....43–49
mucous membrane....43–47
cervical canal....43–47
body of uterus.... 47
muscular fibres.... 47
blood-vessels....47, 48
nerves....48, 49
Anteflexion, ætiology and pathology of....307, 308
commentaries on....111, 112, 371, 372
description of....306–311, 257, 258
treatment of.... 458
and anteversion, description of....306–311, 207–209
treatment of.... 458, 461
and prolapsus, commentary on....371, 372

PAGE
Anteversion, commentaries on....114, 115, 221
description of....207–209
symptoms, local....207, 208
examination by touch....208, 209
by sound....209
treatment of....454–456
and hypertrophy, commentaries on....191, 192, 213–215, 221
and prolapsus, " " 191, 192, 213–215, 374, 375
Aphorisms of uterine therapeutics 1–40....406–410
Application of nitrate of silver....444, 445
of leeches....441
of tampon....428, 429
Arteries of ovaries, fallopian tubes, and fundus uteri....290, 291
of cervix, corpus uteri, vagina, bladder, and rectum....292, 293
of external organs of generation....293, 294
Astringents, direct, persulphate of iron, gallic acid, etc....423–425
indirect, opium, ergot, etc....426, 427
Author's pathological doctrines....60–94
synopsis of....87
probe and sound, description of....31, 32
scarificator, " " 436, 437

Bennet, pathological doctrines of....55–57
Bladder, mucous inflammation of, commentaries on....271, 272, 286
treatment of....470
prolapsus of, " " 470–474
Blood-vessels of uterus, anatomy of....47, 48
Body of uterus, mucous membrane of....47
Borax, use of, as a vaginal injection....450, 451
Budd's uterine probe, description of....31

Camphor, use of, in uterine pain....416
Cases i.-xiii. complete, pathology and ætiology of womb-disease....61–86
xiv.-xxiv. " active congestion of inner cervix, Class I...99–118
xxv.-xcv. abbreviated," " " " " " " "...118–136
xcvi.-cvii. complete, " " of inner and outer cervix," II...144–159
cviii.-cxci. abbreviated, " " " " " " " "...159–184
cxcii.-cxcvii. complete, " " " " " " " " III...184–193
cxcviii.-ccxviii. abbreviated, " " " " " " " " "...194–203
ccxix.-ccxxiii. complete, " " of uterus, " IV...212–223
ccxxiv.-ccxii. abbreviated, " " " " " " " " "...223–230
ccxiii., ccxiiii. complete, passive " " "from non-involution" "...232–236
ccxliv.-cclxxxiii. abbreviated, " " " " " " " " "...236–247
cclxxxiv. complete, " " " "from obstruction....250–254
cclxxxv., cclxxxvi. abbreviated, " " " " " " 254
cclxxxvii.-ccxci. complete active " of cervix and vagina, Class V...261–272
ccxcii.-cccvi. abbreviated," " " " " " " " "...272–278
cccvii.-cccx. complete, simulating uterine disease of the fifth class," "...279–286
cccxi.-cccxviii. " active congestion of uterus, ovaries and vagina," VI...312–338
cccxix.-cccxxviii. abbreviated, active " " " " " " " "....338–342
cccxxix.-cccxxxviii. complete, " " " " " " " VII...358–388
cccxxxix.-ccclvii. abbreviated, " " " " " " " "...389–395
Catarrh, uterine, *vel* congestion of inner cervix....96–136

PAGE
Cathartics, use of, in recent and active congestion....417, 418
in chronic and active " 479–481
Causes of vaginal congestion....258, 259
Caustic, points of application of....443, 444
solid, mode of using....444, 445
application of, to vascular tumor.... 469
solution, mode of using.... 444
strength of, required.... 442
use of....442–445
Cellulitis, pelvic, treatment of....384, 385, 387, 388
Cervix, effect of congestion on, in multiparæ....89, 91, 137, 138
in nulliparæ....92, 345
enlargement of, in multiparæ.... 138
inner, abscess of, commentary on. 65, 66
anatomy of....43–47
congestion of—nulliparæ and multiparæ....96–136
symptoms, general....96, 97
local.... 97
examination by touch.... 97
by speculum.... 98
cases complete....99–118
abbreviated....118–136
dilatation of....463–467
mucous membrane of....43–47
preternatural length of, commentary on.... 366
stricture of, commentaries on....80, 81, 360, 366, 369, 380, 381
and outer, congestion of—multiparæ....137–203
Class III. and IV. compared....137, 138
symptoms, general....138–140
local....140, 141
examination by touch....141, 142
by speculum....143, 144
cases complete, Class II....144–159
abbreviated " " 159–184
complete, " III....184–193
abbreviated " " 194–203
and vagina, congestion of—multiparæ....255–278
peculiarities of Class V.... 256
vaginismus 257
vascular tumor.... 257
vaginitis....257, 258
causation....258, 259
symptoms, general.... 259
local....259, 260
examination by touch 260
by speculum.... 260, 261
cases complete....261–272
abbreviated 272–278
complete, simulating cases of 5th Class....279–286
non-enlargement of, in nulliparæ 92
Change of life, commentary on.... 213–215
treatment of.... 468
Charriere's speculum, description of.... 26

PAGE
Class I. table of....397, 398
II. " " 398, 399
III. " " 399, 400
IV. " " 400, 401
V. " " 401
VI. " " 402, 403
VII. " " 403
Classes I.–VII., general table of....404–406
Classification—Classes I.–VII....94, 95
Congestion, existence of, in uterine disease shown....87, 88
modus operandi of morbid actions of, in multiparous uterus....89–91
in nulliparous " 91–94
physiological, from menstruation....39, 49, 50
from sexual excitement....39, 41
from pregnancy....41, 50–52
and pregnancy, commentaries on....154, 156, 193
treatment of—
recent and active....415–421
recent and passive....421–430
chronic and active....431–435
of uterus and ovaries....446, 447
of cervix and vagina....447, 448
of uterus and mucous inflammation of vagina....448–452
and prolapsus....452, 453
and procidentia....453, 454
and hypertrophy and anteversion....454–456
and retroversion....456–458
and anteflexion.... 458
and retroflexion.... 459
and antero-lateral flexion.... 459
and retro-lateral flexion.... 459
and anteflexion and anteversion, 459, 460
and retroflexion and retroversion.. 460
and anteflexion, anteversion, and prolapsus.... 461
and retroflexion, retroversion, and prolapsus.... 461
and abrasion, enlargement and elongation of cervix....461, 462
and stricture of inner cervix....462–467
and pregnancy....467, 468
and change of life.... 468
and vascular tumor.... 469
and mucous inflammation of rectum.... 470
of bladder.... 470
Copper, sulphate, use of.... 443
Corroding ulcer, commentary on....284, 285
Cusco's speculum, description of....26, 27
Cystitis, commentaries on....271, 272, 286

PAGE
Cystocele, description of....248–250
treatment of.... 475
operations for....477, 478

Dangers from application of leeches....440, 441
from use of uterine sound.... 30
Deportment of physician in making speculum examinations....23, 24
Depletion in recent and active congestion....415, 420, 421
in chronic " " " 432–441
by scarification....435–439
by puncture....438, 439
by leeching....439–441
local, importance of....420, 432–434
Diet in the treatment of uterine disease.... 479
Dilatation of stricture of inner cervix....463–467
plan of procedure.... 464
by sound, by bougie, by probe....464, 465
by laminaria tents.. 465–467
preparation of.... 465
by sponge tents....465–467
preparation of.... 466
Disease, uterine, and amenorrhœa, commentaries on....104, 362, 363
and pregnancy, " " 154, 156, 193
supposed, commentary on.... 330
effect of, on cervix in multiparæ....89–91, 137, 138
on ovaries " " 291, 292, 294, 295
on uterus " " 91, 205
on vagina " " 91, 255, 256
on cervix in nulliparæ....92, 94, 345
on ovaries " " 93, 345, 346
on uterus " " 92, 93, 343–347
on vagina " " 93, 94
existence of congestion and non-existence of inflammation in..87, 88
pathology and ætiology of....53–94
symptoms indicative of....13–16
local....13, 14
general.... 14
local and general compared....14–16
Dysmenorrhœa, membranous, commentary on....380, 381

Endometritis, *see* hypertrophy of true uterine mucous membrane 299–301
Enlargement and elongation of cervix, commentary on.... 190
of uterus from non-involution, commentaries on....104, 233, 236
description of....231, 232
symptoms, general and local. 232
treatment of....421–430
from obstruction, commentaries on....100, 101, 253, 354
description of....247–250
symptoms, general and local..248, 249
examination by sight, by touch,
by sound, by catheter....249, 250
treatment of....251–253, 453, 454

PAGE
Epilepsy, induced by uterine disease, commentary on.....376–378
asthma, etc., induced by uterine disease, commentary on.....337, 338
Ergot, use of, in uterine hæmorrhage 426
Examination by touch in active congestion of inner cervix..... 97
by speculum " " " " " 98
by touch " " of inner and outer cervix.....141, 142
by speculum " " " " " " " 143, 144
by touch " " of uterus with anteversion.....208, 209
by sound " " " " " " 209
by touch " " " " with prolapsus..... 211
by sound " " " " " " 212
by touch, by speculum, by sound in passive congestion of uterus from non-involution..... 232
by sight, by touch, by sound, by catheter in passive congestion of uterus from mechanical obstruction.....249, 250
by touch in active congestion of cervix and vagina..... 260
by speculum " " " " " " " 260, 261
by touch *per vaginam* in active congestion of uterus, ovaries and vagina—multiparæ.....297, 298
by touch *per rectum* in active congestion of uterus, ovaries, and vagina.....298, 299
by touch and palpation in active congestion of uterus, ovaries, and vagina..... 299
by speculum in active congestion of uterus, ovaries, and vagina.... 299
by touch " " " " " " " " " with retroversion.....304, 305
by sound in active congestion of uterus, ovaries, and vagina, with retroversion..... 305
by speculum in active congestion of uterus, ovaries, and vagina, with retroversion.....305, 306
by touch in active congestion of uterus, ovaries, and vagina, with flexion.....309, 310
by sound in active congestion of uterus, ovaries, and vagina, with flexion 310, 311
by speculum in active congestion of uterus, ovaries, and vagina, with flexion..... 311
by touch *per vaginam* in active congestion of uterus, ovaries, and vagina—nulliparæ.....351, 352
by touch *per rectum* in active congestion of uterus, ovaries, and vagina..... 352
by touch and palpation in active congestion of uterus, ovaries, and vagina..... 352
by sound in active congestion of uterus, ovaries, and vagina.352, 353
by speculum " " " " " " " " " ..353–356
Examinations, deportment of physician in.....23, 24
preparation of patient for..... 34
English posture..... 34
French " 34
instrumental.....23–32
by speculum.....23, 24
by sound.....29, 30
by probe.....31, 32

PAGE
Examinations, manual....18–23
in recumbent posture....19–22
English method....19, 20
what can be learned....20–22
in erect posture.... 22
method.... 22
what can be learned.... 22
in semi-recumbent posture....22, 23
by touch and palpation.... 2
Explorations in diseases of chest.... 6
of uterus.... 9
Exfoliation of true uterine mucous membrane....299–301
commentary on....380, 381

Fergusson's speculum, description of....24, 25
Fibrous coat of vagina, anatomy of.... 43
Flexions, ætiology and pathology of....307, 308
commentaries on....111, 112, 324, 371, 372
description of....306–311
symptoms, general.... 308
local....308, 309
examination by touch....309, 310
by sound....310, 311
by speculum.... 311
Forceps, polypus, description of....30, 31

Gallic acid, use of, in uterine hæmorrhage....424, 425
Genitalia, internal, anatomy of....39–49
nervous and vascular supply of....290–294
Gonorrhœa, as a cause of uterine congestion, commentary on.... 369

Hypertrophy and exfoliation of true uterine mucous membrane—multiparæ..299–301
of uterus, description of....205–207
symptoms, general....205, 206
local....206, 207
treatment of....454–461
and anteversion, commentaries on....191, 192, 213–215, 221
description of....207–209
symptoms, local....207, 208
examination by touch....208, 209
by sound.... 209
treatment of....454–456
and retroversion, commentary on....104, 105
description of....301–306
symptoms, general.... 302
local....302, 303
examination by touch....304, 305
by sound.... 305
by speculum....305, 306
treatment of....456–458
and retroflexion, commentary on.... 324

PAGE
Hypertrophy, retroversion and prolapsus, commentaries on.117, 118, 267, 268, 271, 272
description of.....209–212
symptoms, local.....209, 210
examination by touch..... 211
by sound..... 212
treatment of 452, 453

Ice and iced water, use of, in uterine hæmorrhage..... 430
Importance of topical depletion in uterine disease.....420, 421, 432, 433
Inflammation, non-existence of, " " " 87, 88
of vagina, commentaries on.....76, 264, 267, 268, 283
description of.....257–261
causation.....258, 259
symptoms, general..... 259
local 259, 260
examination by touch..... 260, 351, 352
by speculum.....260, 261, 353–356
treatment of.....448–452
of rectum, treatment of..... 470
of bladder, commentaries on.....271, 272, 286
treatment of..... 470
Injections, rectal..... 470
uterine, of persulphate of iron, etc..... 430
vaginal, of water, warm or cold..... 449
of mucilage, lead, and opium.....449, 450
of biborate of soda.....450, 451
method of using.....451, 452
advantages from..... 452
for support of pessary..... 472
for relief of prolapsus..... 474
Introduction of speculum, in the married.....35, 36
in the unmarried.....36, 37
of tents..... 467
Involution, after delivery, physiology of..... 52
at change of life, " " 468
of round ligaments," " 456, 457
Iodine, tincture, as a local application, use of..... 443
Iron, chloride, as a general remedy, " "..... 424
as a local application, " "..... 443
persulphate, as a general remedy, " "..... 423, 424
with tampon, " "..... 429

Lallemand's *porte caustique*..... 33
Laminaria tents, advantages of..... 465
preparation of.....465, 466
introduction of..... 467
Lead, acetate, use of, as a vaginal injection..... 450
Leeches, advantages of.....435, 439
dangers from.....439–441
number required.....439, 440
application of..... 441
expulsion of, from uterine cavity.....440, 441
Lente's probe..... 31

PAGE
Ligaments, round, nervous and vascular supply of.... 301
development of.... 301
involution of....456, 457

Married, the, introduction of speculum in....35, 36
Materials of this work, how obtained.... 1, 2
Meigs, pathological doctrines of....57, 58
Menses, suppression of, commentaries on....64, 362, 363
Menstruation, physiology of....49, 50
Method of applying leeches.... 441
of performing scarification....436, 437
puncture.... 438
of using vaginal injections....451, 452
of making an examination....19–23
in recumbent posture....19, 20
in erect " 22
in semi-recumbent posture....22, 23
Mucous membrane of bladder, inflammation of, commentaries on....271, 272, 286
treatment of.... 470
of body of uterus, anatomy of.... 47
hypertrophy and exfoliation of, in multiparæ....299–301
non-hypertrophy and non-exfoliation of, in nulliparæ....356, 357
of cervical canal, anatomy of....43–47
stricture of—
commentaries on.80,81, 360, 366, 369, 380, 381
of vagina, anatomy of....40–43
inflammation of....257–261
commentaries on....76, 264, 267, 268, 282
Multiparous uterus, congestion of....204–254, 287–342
modus operandi of morbid actions in....89–91, 205, 288, 289
Muscular coat of vagina, anatomy of.... 42
fibres of uterus, " " 47

Nerves and blood-vessels of genitalia....290–294
of ovaries, fallopian tubes, and fundus uteri.... 90, 291
of cervix and corpus uteri.... 292
of vagina, clitoris, pars intermedia, and bulbs of vestibule....292–294
of bladder and rectum.... 293
of round ligaments.... 301
of external organs of generation....293, 294
of uterus, anatomy of....48, 49
Neuralgia of uterus, *vel* hyperæsthesia....92, 93
of vagina, *vel* vaginismus.... 257
Nitric acid, application of, to vascular tumor.... 469
Non-enlargement of multiparous uterus, commentaries on....333, 334, 337, 338
Non-existence of inflammation in uterine disease....87, 88
Non-hypertrophy and non-exfoliation of true uterine mucous membrane in nulliparæ....356, 357
Non-involution, commentaries on....104, 233
Nulliparous uterus, congestion of....343–395
modus operandi of morbid actions in....91–94, 343–346

PAGE
Observation and experience the foundation of medical science 4
Obstruction, mechanical, to uterine circulation 247–254
Operations for prolapsus, procidentia, cystocele, vaginocele, and rectocele .. 477, 478
Opium, use of, as an indirect hæmostatic 426, 427
as a vaginal injection 450
in diseases of the air-passages 427, 428
in recent and passive congestion 426, 427
and active " 415, 416
Ovaries, congestion of 294–299
symptoms, general 295, 296
local 296, 297
examination by touch, *per vaginam* 297, 298
per rectum 298, 299
and palpation 299
by speculum 299
treatment of 446, 447

Passive congestion of uterus, *see* congestion, passive, of uterus 230–254
Pathology and ætiology of flexions 306–311
symptoms, general 308
local 308, 309
examination by touch 309, 310
by sound 310, 311
by speculum 311
treatment of 458–461
of uterine disease 53–94
of the older writers 53–55
of Tilt 55
of Bennet 55–57
of Meigs 57, 58
of Scanzoni 58
of Tyler Smith 59, 60
of Author 60–94
Pessary, commentaries on 101, 106, 153, 267, 268, 333, 334
material of 474
object of 471, 472
removal of 473
shape of 471
use of, in procidentia 252–254, 454
in prolapsus uteri, vesicæ et vaginæ 471–474
in rectocele 476, 477
in retroversion 457
wearing of 473, 474
Physiology of menstruation 49, 50
of pregnancy 50–52
of involution 52
Plan of this work 1, 2
Polypus, cervical, commentaries on 102, 193
Portes caustiques, Lallemand's 33
Lente's 33, 444, 445
probang 33, 444

PAGE
Posture in manual examinations....19–23
recumbent....19–23
English method....19, 20
what can be learned....20–22
erect....22
method....22
what can be learned....22
semi-recumbent....22, 23
in speculum examinations....34
English....34
French....34
Practice, medical, temporizing....2
Pregnancy and procidentia, commentary on....193
treatment of....453–456
and uterine congestion, commentaries on....154, 156, 193
treatment of....467, 468
physiology of....50–52
Preparation of laminaria tents....465
of patient for speculum examination....34
of probe as a *porte caustique*....445
of sponge tents....466
Principles, general, in treatment of uterine congestion....411–415
recent and active....415
recent and passive....421–423
chronic and active....431–485
Probang, whalebone, preparation of....33
Probe, uterine, Budd's....31
Lente's....31
Writer's....31, 32
Procidentia, commentaries on....100, 101, 253, 254
description of....248–250
symptoms, general and local....248, 249
examination by sight, by touch, by sound, by catheter....249, 250
treatment of....251–253, 453, 454, 475, 476
operations for....477, 478
and pregnancy, commentary on....193
treatment of....467, 468
Prolapsus, commentaries on....101, 106, 117, 118, 158, 159, 190, 333, 334
description of....209–212
symptoms, local....209, 210
examination by touch....211
by sound....212
treatment of....452, 453, 470–474
by operation....477, 478
and anteflexion, commentary on....371, 372
and anteversion, commentaries on....191, 192, 213–215, 374, 375
and retroflexion and retroversion, commentary on....324
and retroversion, commentaries on....117, 118, 267, 268, 271, 272
Prophylaxis to prevent a relapse....484, 485
Puncture, advantages of....438
mode of performing....438
point of selection....438

PAGE
Rectocele, description of ... 476
operation for ... 477, 478
treatment of ... 476, 478
by pessary ... 477
Rectum, nerves and blood-vessels of ... 293
mucous inflammation of, treatment of ... 470
Remedies, general, use of, in womb-disease ... 478–485
cathartics, enemata, etc ... 479, 481
diet ... 479
tonics ... 481, 482
moral means ... 483
Relationship of uterus, ovaries, vagina, vulva, rectum, and bladder ... 289, 290
Retroflexion and retroversion, description of ... 311, 312
treatment of ... 357, 358
and prolapsus, commentary on ... 324
treatment of ... 460
Retroversion, commentary on ... 104, 105
description of ... 301–306, 357, 358
symptoms, general ... 302
local ... 302, 303
examination by touch ... 304, 305
by sound ... 305
by speculum ... 305, 306
treatment of ... 456, 458
by pessary ... 457
and anteflexion, description of ... 311
and prolapsus, commentaries on ... 117, 118, 267, 268, 271, 272
and retroflexion, commentary on ... 324
Ricord's speculum, description of ... 26

Scanzoni, pathological doctrines of ... 58
Scarification, puncture, and leeching contrasted ... 434–436
advantages of ... 435, 436
method of performing ... 436–438
point of selection ... 437
Sciences, collateral to medicine, great advance of ... 2
tested by actual trial ... 3
physical, tested in every new relation ... 3
Scorbutus, simulating uterine disease, commentary on ... 280, 281
Secale cornutum, use of, in uterine hæmorrhage ... 429
Segalas' speculum, description of ... 28
Silver, nitrate, use of ... 442–445
points of application ... 443, 444
solid, mode of using ... 444, 445
application to vascular tumor ... 469
solution, mode of using ... 444
strength required ... 442
Smith, Tyler, pathological doctrines of ... 59, 60
Sound, uterine, description of ... 29
use of ... 29
abuse of ... 29, 30
and probe, writer's ... 31, 32

PAGE
Speculum cylindrical, description of 24–26
Fergusson's 24, 25
non-reflecting 25, 26
valvular 26–28
Ricord's 26
Charriere's 26
Cusco's 26, 27
Segalas' 28
examinations, deportment of physician in 23, 24
defence of 10, 11
preparation of patient for 34
English posture 34
French " 34
objections to 6, 7
introduction of, in the married 35, 36
in the unmarried 36, 37
Sponge tents, advantages of 465
introduction of 467
preparation of 466, 467
Stricture of inner cervix, commentaries on 80, 81, 360, 366, 369, 380, 381
dilatation of, by force, by the knife 464
by sound, by probe, by bougie 464, 465
by laminaria tents 465–467
by sponge " 465–467
spontaneous cure of 463
Summary 396–410
table of Class I 397, 398
II 398, 399
III 399, 400
IV 400, 401
V 401
VI 402, 403
VII 403
general 404–406
aphorisms of uterine therapeutics 406–410
Supporter, abdominal, use of 455, 456
Suppressio mensium, commentaries on 64, 362, 363
lochium, commentary on 236
Symptoms, distinctive, of uterine disease 13–16
local 13, 14
general 14
local and general compared 14–16
general, of active congestion of inner cervix—nulliparæ and multiparæ 96, 97
local, " " " " " " " " " " 97
general, " " " " " and outer cervix—multiparæ. 138–140
local, " " " " " " " " " 140, 141
general, " " " of uterus—multiparæ 205, 206
local, " " " " " " 206, 207
" " " " " " with anteversion 207, 208
" " " " " " with prolapsus 209, 210
general, of passive " " " from non-involution 232
local, " " " " " " " " 232

PAGE
Symptoms general, of passive congestion of uterus from obstruction.....248, 249
local, " " " " " " " 248, 249
general, of active, " of cervix and vagina—multiparæ..... 259
local, " " " " " " " " 259, 260
general, " " " of uterus, ovaries, and vagina—multiparæ, 295, 296
local, " " " " " " " " " 296, 297
general, " " " " " " with retroversion. 302
local, " " " " " " " " " 302, 303
general, " " " " " " with flexion. 308
local, " " " " " " " " " ..308, 309
general, " " " of uterus, ovaries, and vaginæ—nulliparæ, 346–348
local, " " " " " " " 348–351
Synopsis of author's pathology and ætiology..... 87

Table of Class I.....397, 398
II.....398, 399
III.....399, 400
IV.....400, 401
V..... 401
VI.....402, 403
VII..... 403
general.....404–406
Tampon, application of.....428, 429
Tenacula, single and double, use of..... 32
Tilt, pathological doctrines of..... 55
Theory and reasoning in medicine..... 5, 6
Therapeutics, slight advance of..... 2
uterine, aphorisms of.....406–410
Treatment of congestion—
recent and active.....415–421
general principles..... 415
opium in full doses..... 416
camphor..... 416
catharties.....417, 418
topical depletion.....415, 420, 421
recent and passive.....421–430
general principles.....421–423
sesqui-salts of iron.....423–425
gallic acid.....424, 425
alum and zinc..... 425
secale cornutum..... 426
opium in fractional doses.....426, 427
tampon with alum.....428, 429
with persulphate of iron..... 429
ice and iced water..... 430
injections, uterine..... 430
chronic and active.....431–485
general principles.....431–433
local depletion, importance of.....432–434
leeching, scarification, and puncture compared.435, 436

PAGE

Treatment of congestion—
chronic and active....431–485
scarification and puncture....436–439
leeching....439–441
nitrate of silver....442–445
general remedies....478–485
cathartics and enemata....479–481
diet....479
tonics....481, 482
moral means....483
prophylaxis....484, 485
of uterus and ovaries....446, 447
of cervix and vagina....447, 448
of uterus and mucous inflammation of vagina....448–452
ointments, suppositories, etc....449
injections, vaginal....449–452
and prolapsus....452, 453
and procidentia....453, 454
and hypertrophy and anteversion....454–456
supporter, abdominal....455, 456
and retroversion....456–458
and anteflexion....458
and retroflexion....459
and antero-lateral flexion....459
and retro-lateral flexion....459
and anteflexion and anteversion....459, 460
and retroflexion and retroversion....460
and anteflexion, anteversion, and prolapsus 461
and retroflexion, retroversion, and prolapsus....461
and abrasion, enlargement, and elongation of cervix....461, 462
and stricture of inner cervix....462–467
spontaneous cure....463
dilatation by sound, by bougie, by probe, 464, 465
by laminaria tents....465–467
by sponge " 466, 467
and pregnancy....467, 468
and change of life....468
and vascular tumor....469
application of caustic....469
and mucous inflammation of rectum....470
of bladder....470
Treatment of prolapsus uteri, vesicæ, et vaginæ....470–474
pessary, use of....471–474
injections, vaginal, use of....472, 474
of cystocele....475
of vaginocele....475
of procidentia....475, 476
of rectocele....476, 477
of prolapsus, procidentia, cystocele, vaginocele, and rectocele by operation....477, 478
of pelvic cellulitis....384, 385, 387, 388

PAGE
Tonics, use of, in treatment of uterine disease.....425, 481, 482
Touch and palpation, method of practising..... 23
and sight, reliability of, as aids to diagnosis.....16–18
method of practising.....19–23
recumbent posture.....19–22
erect " 22
semi-recumbent posture.....22, 23
Tumor, ovarian, commentary on.....326–328
vascular, description of..... 257
application of nitric acid and nitrate of silver to..... 469

Ulcer, corroding, commentary on.....284, 285
Unmarried, the, introduction of speculum in.....36, 37
Uterus, anatomy of.....43–49
mucous membrane.....43–47
cervical canal.....43–47
body of uterus..... 47
muscular fibres..... 47
blood-vessels.....47, 48
nerves.....48, 49
arteries distributed to..... 290
nerves " " 290
congestion of—multiparæ.....204–254
active.....205–230
symptoms, general.....205, 206
local.....206, 207
" from anteversion.....207, 208
examination by touch in " 208, 209
by sound " " 209
symptoms, local, from prolapsus.....209, 210
examination by touch in " 211
by sound " " 212
cases, complete.....212–223
abbreviated.....223–230
passive.....230–254
I.—from non-involution.....231–247
symptoms, general..... 232
local..... 232
cases, complete.....232–236
abbreviated.....236–247
II.—from mechanical obstruction.....247–254
symptoms, general and local.....248, 249
examination, by sight, by touch, by sound, by catheter.....249, 250
case complete.....250–254
cases abbreviated..... 254
congestion of, and prolapsus, commentary on.....117, 118
description of.....209–212
treatment of.....452, 453
and procidentia, commentaries on.....100, 101, 253, 254
description of.....247–250
treatment of.....251–253, 453, 454

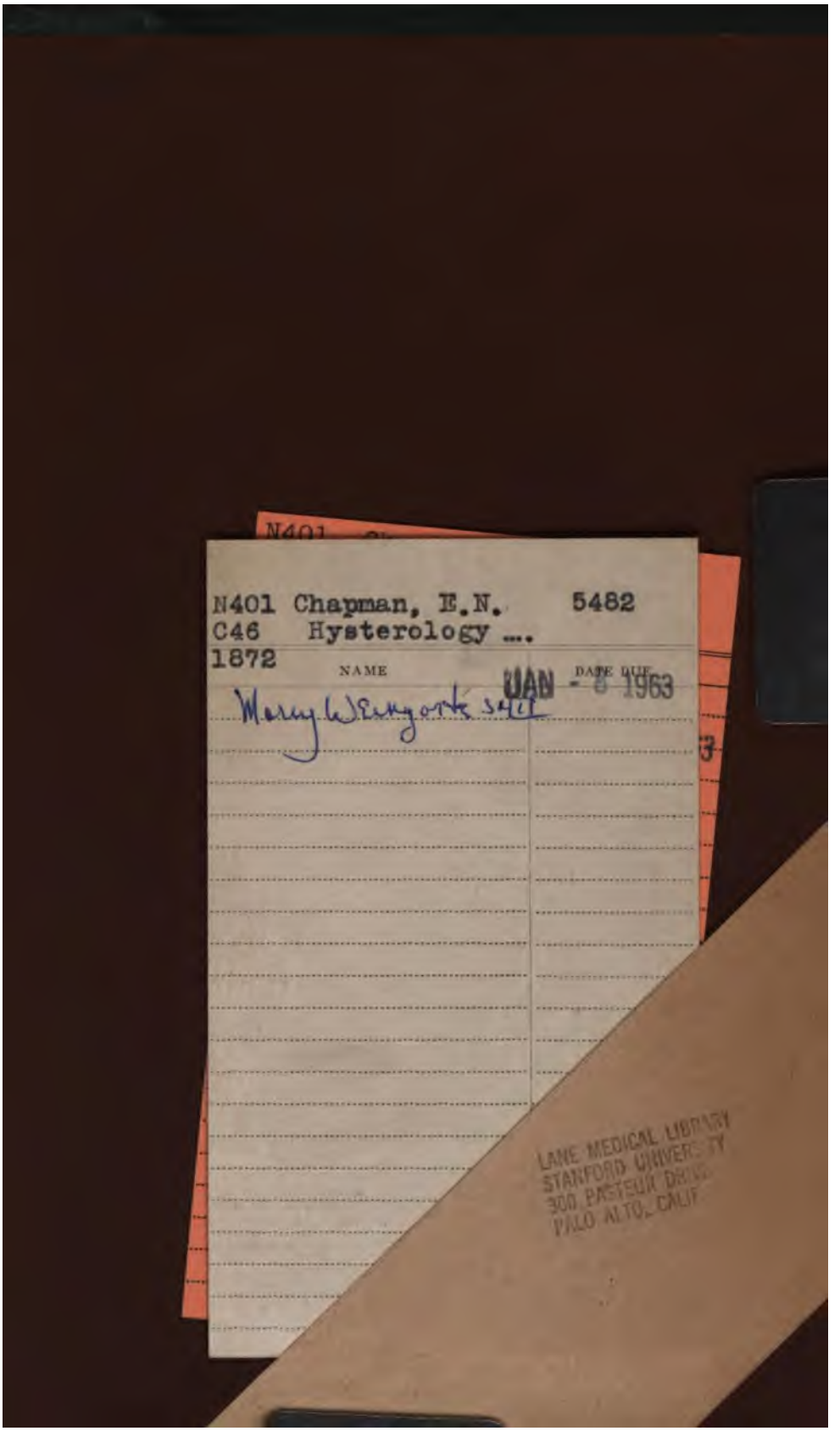
PAGE
Uterus, congestion of, procidentia and pregnancy, commentary on..... 193
hypertrophy of, commentary on.....316, 317
description of.....205–230
treatment of.....431–446
and anteversion, commentaries on.....191, 192, 213–215, 221
description of.....207–209
treatment of.....454–456
and retroversion, commentary on.....267, 268
description of.....301–306
treatment of.....456–458
and retroflexion, commentary on..... 324
description of..... 311
treatment of..... 460
multiparous, *modus operandi* of morbid actions in.....89–91
nulliparous, " " " " " " 91–94
prolapsus of, commentaries on.....101, 106, 158, 159, 190, 333, 334
description of..... ...209–212
treatment of.....452, 453
and anteflexion, commentary on... 371, 372
and ovaries, congestion of, description of.....294–299
treatment of.....446, 447
Uterus, ovaries, and vagina, congestion of—multiparæ.....287–342
peculiarities.....287–289
ovarian congestion 294–299
symptoms, general.....295, 299
local.....496, 297
examination by touch, *per vaginam*.....297, 298
examination by touch, *per rectum*.....298, 299
examination by touch, and palpation..... ..299
examination by speculum..... 299
hypertrophy and exfoliation of true uterine mucous membrane 299–301
retroversion.....301, 306
symptoms, general..... 302
local.....302, 303
examination by touch 304, 305
by sound 305
by speculum.....305, 306
flexions.....306–311
ætiology and pathology of.....307, 308
symptoms, general..... 308
local 308, 309
examination by touch.....309, 310
by sound.....310, 311
by speculum..... 311
anteflexion and retroversion..... 311
retroflexion " " 311, 312
cases, complete.....312–338
abbreviated... 338–342

PAGE
Uterus, ovaries, and vagina, congestion of—nulliparæ.....343–395
peculiarities.....343–346
symptoms, general.....346–348
local.....348–351
examination by touch, *per vaginam*.....351, 352
per rectum..... 352
and palpation..... 352
by sound.....352, 353
by speculum.....353–356
non-hypertrophy and non-exfoliation of true uterine mucous membrane.....356, 357
retroversion, flexion, anteflexion, and retroversion, retroflexion and retroversion.....357, 358
cases, complete.....258–388
abbreviated.....389–395
Uterus, ovaries, vagina, vulva, rectum, and bladder, relationship of.....289–290
nervous and vascular supply of.....290–294
Use of uterine sound..... 29

Vagina, anatomy of.....40–43
mucous membrane.....40–42
erectile coat..... 42
muscular " 42
fibrous " 43
arteries distributed to..... 293
nerves " "..... 292, 293
Vaginitis, commentaries on.....76, 264, 267, 268, 282
causation.....258, 259
symptoms, general..... 259
local.....259, 260
examination by touch..... 260
by speculum.....260, 261
treatment of.....448–452
Vaginismus, description of..... 257
Vascular tumor, description of..... 257
treatment of..... 469

Water, iced, in uterine hæmorrhage..... 430
Writers, older, pathological doctrines of.....53–55

Zinc, sulphate, use of, in uterine hæmorrhage..... 425


N401 Chapman, E.N. 5482
C46 Hysterology
1872
NAME
DATE DUE
JAN - 8 1963
LANE MEDICAL LIBRARY
STANFORD UNIVERSITY
300 PASTEUR DRIVE
PALO ALTO, CALIF.

